Deanship of Graduate Studies

Al- Quds University

Burnout and the Intention to Leave among Oncology Hematology Nurses in Palestinian Hospitals

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MPH Thesis

Jerusalem-Palestine

1437/ 2016

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A Thesis Submitted in Partial Fulfillment of Requirements for the Degree of Master of Health Policies and Management Al- Quds University

1437 / 2016

Al-Quds University
Deanship of Graduate Studies
School of Public Health

Thesis Approval

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Master thesis submitted and accepted. Date : 14 / 5 /2016
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Jerusalem- Palestine

1437-2016

Dedication

To the great father who devoted this life for us.

To my dear mother that gave me the road of my success.

To my patient wife "Amany", who was beside me in every moment.

To my handsome son Qassam, Abdel Rahman and my beautiful daughters Joudy and Leena who are the pleasure of my life.

To my brothers, my sister and my family,

To my friends and colleagues and of course

To all my relatives who encouraged me to complete this work.

To the Palestinian people especially for martyrs who sacrificed their lives for Palestine and Al-Aqsa.

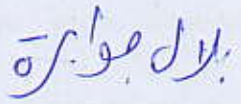
Thank you and may Allah bless you

Bilal Abdel Rahman Jawabreh

14/5/2016

Declaration

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any of its parts) has not been submitted for higher degree to any other university or institution.

Signed 

Bilal Abdel Rahman Jawabreh

Date: May ,2016

Acknowledgment

I thank Allah for helping me all moment and during my study.

Thanking to all those who have helped me throughout the course of the study in general and this thesis in particular, would need a book of its!. The list is endless.

I owe a great deal to my academic supervisor Dr. Salam Al-Khateeb for the patience, careful direction and never-ending support.

Special thank and respect to the academic and administrative staff in the School of Public Health at Al Quds University for their collaborations, supports and assistance.

Special thanks to my teachers in the School of Public Health who give me the science and art of public health, Dr. Motasem Hamdan, Dr. Asma Imaam and Dr. Kholod Khiat

Special thanks to health care providers within the Ministry of health hospital, the atmosphere reigning within you made my work enjoyable.

Special thanks to my parents very deep and heartfelt appreciation for what you have done to make me what I am, to all relative and friends.

Thanking to my dear wife, my son and daughters , with good hope for them forever.

Special thanks to my research team work in Gaza strip: Mr Mohammed O. Al-Kahlout; Mr Ismail H. Al-Kahlout and Mr Hani Shehada for her great assisted and supported.

Thanks to everyone who participated in this study and to everyone who me not mentioned by the name. Many thanks for the hidden hands that stand behind my work.

Bilal Abdel Rahman Jawabreh

May, 2016

Abstract

Introduction: Nursing is inevitably a demanding and stressful job. Extra stressors like burnout have a severe impact on nurses' wellbeing, patient safety, and the health organization as a whole. Oncology nursing has been described as one of the most stressful specialty areas (Lederberg, 1989). The oncology field is a complex environment in which to work because it requires nurses who are educated, skilled, and clinically competent to care for patients with cancer. Therefore oncology nurses are valuable resources in the healthcare system.

Aim: The aim of the study is to assess burnout level and reasons behind leaving the work at oncology /hematology departments; and to identify their predictors.

Methodology: The study population is 230 Palestinian oncology /hematology nurses, the response rate were above 93% .The researcher used a descriptive analytic cross sectional design. The MBI-HSS was used to assess burnout in the study participants. The AWS was used in conjunction with the MBI-HSS to assess the six areas of the work environment that influence burnout

Result: The study observed that almost (57.2%) of Oncology/Hematology nurses in Palestinian hospitals had an average level of burnout. Lack of positive reinforcement represented the main source of burnout of the participants (M 3.38 SD 0.90), while the power of labor is the less source (M 2.42 SD 0.72) . Additionally, almost 53% of the participants indicated their intention to leave the department (to another ward) (M 2.65 SD 1.43), The findings revealed that place of residency, income and educational level do not indicate any significant difference, However, it was found that gender, marital status, working system, hospital name and job title are significant variables. Besides, a statistical significant positive correlation was found between the burnout level sub-scales(emotional exhaustion, depersonalization, and personal accomplishment scores and the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals, Moreover, the findings revealed that the demographic variables do not indicate any significant difference in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals.

Conclusion: Burnout among oncology /hematology nurses is a serious issue. Results from this study indicate that burnout is a manageable condition which can also be

prevented. Good management and leadership, development of nurse practice environment, stress reduction interventions, good lifestyle choices, emotional intelligence, emotion and problem focused coping strategies are linked to high job satisfaction, less stress and therefore reduce the likelihood of burnout among oncology /hematology nurses and this will achieve the optimal level of retention rates .

Keywords: Burnout, MBI-HSS, Intention to Leave, Hematology-Oncology nurse.

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List of abbreviations

AACN	American Association of Critical-Care Nurses
ANA	American Nursing Association
ANOVA	One-Way Analysis of Variance
DP	Depersonalization
EE	Emotional Exhaustion
DPA	Decrease Personal Accomplishment
MBI	Maslach burnout inventory
MBI-HSS	Maslach burnout inventory Health Services Scale
WLS	Work Life Survey
MOH	Ministry of Health
OLBI	OLdenburg Burnout Inventory
OH	Oncology-Hematology
OHN	Oncology-Hematology Nurse

Chapter (1): Introduction

1.1 Research background

Oncology nurses work in conditions that entail the management of complex pathologies with poor prognosis, medical advances and close encounters with patients who are in pain, distress and approaching death. According to data from existing studies, these factors have significantly contributed to the job dissatisfaction, stress and burnout of oncology nurses. According to THE INDENDENT COMMISSION FOR HUMAN RIGHTS in Palestine 2009, Palestinian hospitals still complains of shortage in nursing staff and lack of recruitment.

Moreover, World Cancer Report in 2003 showed that cancer rates may increase up to 50% to 15 million new cases by the year 2020. In the same period, Asia's cancer rate is also predicted to rise by 60% to 7.1million new cases. The 2013 MOH report in Palestine revealed that cancer was the second leading cause of deaths in West Bank. It also states that there is a remarkable increase in cancer mortality in West Bank and Gaza Strip (MOH, 2013). Hence, the imbalance between the demand and supply of oncology nurses has further predisposed nurses to experience burnout, which negatively affects the quality of care.

In 2000, the American Institute of Stress (AIS, USA) conducted a survey and estimated that Burnout costs were 300 Billion $ annually, as measured by staff absenteeism, decreased productivity, employee turnover, direct medical legal and Insurance fees (Moos et al., 2000) . AIS also reported that nearly half of all American workers suffer from symptoms of burnout (Moos et al., 2000). Furthermore burnout found to affect approximately 25% of all nurses (Dermeronti et al., 2000). In addition various studies were

conducted in western cultures indicated that high percentage of workers perceived their jobs as extremely stressful, particularly nurses (Landauk 2001).

Nurses also don't enjoy full respect and appreciation as their medical colleges especially physicians do. This stems from a common cultural standpoint that values physicians and managers over their employees. Having that said, one should acknowledge that nurses are the care taker of their patients around the o'clock and are assigned to further responsibilities more than their medical supervisors. They constitute an essential well-established workforce that keeps the medical system running accordingly. These makes oncology/hematology nurses, in particular, are entitled to further attention and care due to the complex nature of their work duties.

In Palestine few attempts were made to examine the predictors of burnout among Palestinian nurses , especially oncology and hematology nurses .Therefore this study aims to study oncology/hematology nurses' burnout level and intent to leave the work and then to explore the best possible recommendations to decision makers in Palestine.

1.2 Research problem:

The 2013 MOH report revealed that cancer was the second leading cause of deaths in West Bank. It also states that there is a remarkable increase in cancer mortality in West Bank 2013 compared with 2007 and 2010, from (10.3%) in 2007 to (10.8%) in 2010 then increases to reach (13.3 %) from the total deaths in West Bank in 2013. The report further added that in 2013 (2189) new cancer cases were reported in West Bank, (1127) cases were females (51.5%) and (1062) were males (48.5%). In 2013 the cancer incidence rate was (79.5) per 100,000 of population (MOH, 2013).

In response, there are only seven (public and private) oncology centers in the West Bank and Gaza. The workface of these centers is less than ((250)) staff. As a result, these professions encounter a high level of work-load.

Patient care environment is considered as source of burnout for health care professional, particularly nurses who are susceptible for psychological and emotional consequences of those stressors (U.S. Department of Health and Human, 2002). This type of work environment increases the occupational stress, which if neglected leads to burnout (Landauk2001). Nurses are at high risk of burnout; they are frequently dealing with people's needs, problem, and suffering (Dermeronti, et al 2000). The effect of job factors on burnout has been investigated and most frequently cite (Chang, et al 2000), Although numerous job factors have been linked to nurse burnout through the perceived occupational stress, important discrepancies exist about the significance effect of such factors on nurses' burnout (Meltzer, 2004).

Moreover it has been shown empirically that burnout linked to disease and illness (Moos and Schaefer 2000). Burnout related illnesses are serious hazard to the health of nurses (Soupios and Lawry 1987). Nurses who are burnout are more likely to have more absenteeism (Freudenberger1986), experience feeling of inadequacy, and have self-doubt, lower self-esteem, irritability, depression, somatic distribution, sleep disordered, and loss of commitment (Moos and Schaefer 2000).

Furthermore, burnout can lead to different behavior and manifestation that are composed of: decreased productivity and quality of job performance; frequent mistakes or acts of poor judgment; forgetfulness; reduced creativity; loss of interest; and lethargy.

The current health polices has not been updated to respond to the new demands and needs of the cancer professions. It also lacks the knowledge of the negative outcomes on

oncology/hematology health care profession. Understanding the reasons why Palestinian oncology nurses consider leaving their hospital or profession is essential in order to keep them in nursing. Additionally, if the health care policy makers gained a better understanding of the reasons why nurses have developed an intention to leave, there might be more possibilities of attracting leavers back. Therefore, the aim of this study was to identify the level of burnout and intention to leave and their predictors.

1.3 Justification of the study:

Many researchers have attempted to answer the questions of what really determines employees' intention to leave by investigating possible antecedents of employees' intention to leave. However, to date, there is no standard reason why employees leave an organization or profession (Ongori, 2007) and there has been little consistency in the findings to the question of what really determines employees' intention to leave**.**

Therefore this study aims to identify the reasons that lead to burnout among hematology/oncology nurses in the Palestine. This is to ensure the creation of a healthy working environment and to develop preventive policies that decreases the feeling of burnout and provides a conductive working environment. Early recognition of burnout enables the nurses to adjust their own feelings successfully, to meet the criteria of professional behavior and to improve the quality of care provided for their patients.

The findings of the current study will help policy makers to understand the factors that foster intention to leave among nurses and to establish retaining policies.

Also, this study will fill a gap in knowledge relating to job burnout and oncology nurses intention to leave. It will serve as a baseline of a national related researches and statistical data in this area. Burnout and the intention to leave among oncology /hematology health

care nurses in the public and the private hospitals in the West Bank and Gaza give the urge to study this problem.

1.4 Study objectives

1.4.1 Aims of the study

The study aimed to assess burnout level and reasons behind leaving the work among Palestinian nurses at oncology /hematology departments.

1.4.2 Specific objectives:

- To Identify level of burnout among Palestinians nurses working in oncology\hematology units.
- To assess the level of intention to leave among Palestinians nurses working in oncology\hematology units.
- To determine the main causes of burnout, and the intention to leave among Palestinians nurses working in oncology\hematology units.
- To assess the relationship between burnout and socio- demographic variables (age, marital and family status, residence place, income, and education level,…ect).
- To assess the relationship between burnout and work life environment.
- To assess the relationship between intention to leave and socio- demographic variables (age, marital and family status, residence place, income, and education level).
- To assess the relationship between burnout and intention to leave the work .

1.5 Research questions:

- What is the level of burnout and intention to leave among Palestinians nurses working in oncology\hematology units?
- Is there a relationship between socio-demographic variables and burnout Level among Palestinians nurses working in oncology\hematology units?

- Is there a relationship between work life environment variables and burnout Level among Palestinians nurses working in oncology\hematology units?
- Is there a relationship between burnout and intention to leave?

1.6 Context of the study

1.6.1 Health System in Palestine

The Palestinian Territories is comprised of two small areas: The West Bank and Gaza Strip (Ministry of Health, PHIC, Health Status in Palestine 2013, June 2014). These areas were under the Israeli Occupation from 1967 – 1994.

The five main health providers of health services in Palestine are:-

- Ministry of health (MOH).
- UNRWA.
- NGOs.
- Palestinian Military Medical Services (PMMS).
- Private for profit.

MOH bears the heaviest burden, as it has the responsibility of people health . In the Gaza Strip, there are (54) primary health care centers and in the West bank, there are (406) primary health care centers (Ministry of Health, PHIC, Health Status in Palestine 2013, June 2014). The health services are distributed throughout Palestine. In addition MOH provides a number of specific health programs as: health education\ community involvement, school health, immunization, human resources development, and referral of patients to non – MOH facilities (when services are not available in governmental facilities). UNRWA operates (20) primary health care centers scattered in eight refugee camps in the Gaza Strip and (41) centers in the West Bank. The NGOs sector operates (206) primary health care centers and general clinics, (66) of them in Gaza Strip, and in the

West Bank they operate (140) primary health care centers where Palestinian Medical Military Services (PMMS) operate (23) primary health care centers and clinics (7) of them in Gaza Strip and (16) distributed through different districts in West bank.

1.6.2 Cancer in Palestine

In 2013 (2189) new cancer cases were reported in West Bank, (1127) cases were females (51.5%) and (1062) were males (48.5%). In 2013 the cancer incidence rate was (79.5) per 100,000 of population. (738) reported cancer cases ware 65 years old and over which formed (33.7%), where (1313) cases (60%) were between 15 – 64 of age and (138) cases (6.3%) were less than of 15 years of age.(MOH,2013)

1.6.2.1 Reported Cancer Cases by Governorate

The geographical distribution of reported cancer cases shows that Bethlehem governorate reports the highest figures with an incidence rate (123.7) per 100,000 population (257) cases, while Nablus governorate ranked the second place with (383) cases and incidence rate (103.9) per 100,0000 population. Tulkarm in the third place with an incidence rate (100.5) per 100,000 of population and (178) reported cases.(MOH2013)

Leading Causes of Death According to MOH Report

In 2013, the top-ten leading causes of deaths in West Bank were as following:

1. Cardiovascular diseases (31.9%)
2. Cancer deaths (13.3%)
3. Cerebrovascular diseases (12.2%)
4. Diabetes mellitus (6.1%)
5. Accidents (5.5%)
6. Infant diseases and prenatal conditions (5.5%)
7. Respiratory system diseases (5.1%)

8. Renal failure (4.3%)

9. Infectious disease (3.3%)

10. Senility (3.0%)

1.6.2.2 Hospital provided care for oncology /hematology patient in Palestine

- Biet-Jala hospital, two departments (oncology /hematology wards for adult and pediatric).
- August Victoria Hospital in Jerusalem.
- Al- Watane Hospital in Nablus city.
- AL- Najahe Univesity Hospital in Nablus city.
- AL-Shefa Hospital in Gaza city.
- European Hospital in Gaza strip
- Abed Al- Aziz Al-Ranteses for pediatric oncology and hematology in Gaza Strip.

1.6.3 Oncology and Hematology Departments in Palestinian Hospitals

1.6.3.1 Al-Watani governmental hospital/Nablus:-

The Al-Watani Hospital in Nablus, one of the oldest hospitals in the north of West Bank; It was built in 1888. In 1904, the Municipal Council has formed a committee to collect donations and to work on expanding the hospital. After 126 years, the institution becomes a transformative hospital in the provinces north of the West Bank in many medical fields such as hematology and oncology disorders, cardiology, neurology and nephrology diseases.

During 2013 hospital director Dr Abdul Rahim Soash report that " Al-Watani " received 91 thousand people last year, spread over oncolology, hematology , and other medical disorders in emergency ward and out patients clinic .

The number of staff working in the hospital is 213 staff, of who 12 specialized doctor's, and 12 resident physicians. In addition to 7 pharmacists and 75 nurses and 54 administrative and 24 are working in the medical professions of support and 16 laboratories and 4 in the Department of Radiology and physiotherapy There are two sections at the Al-Watani Hospital for medical diseases with a capacity of 51 beds, intensive care unit of 4 beds, and emergency department is actively working around the clock, and 23 bed for day-care chemotherapy receive daily cancer patients in addition to kidney dialysis unit, thalassemia, laboratory, radiology and outpatient department which is always overcrowded.

Departments of oncology and hematology

There are only two departments in Al-Watni hospital , the capacity for each section is 25 bed for each one .they are divided according to gender , and the nursing staff is 30 nurse . In Al–Watni hospital, oncology/hematology patients are mixed with other medical diseases like cardiology, nephrology, and neurology.

There is also a center called "day care", the aim of this department is to give chemotherapy to out-patients clinic. The nursing team is only five nurses on A-shift working system.

1.6.3.2 Al-Shifa Hospital:

In Gaza city have Al-Shifa Hospital is the biggest medical institution in the Palestinian MOH that considers secondary health care delivery system and provides some tertiary care services for population. The hospital was established in 1946 on an area of over 45.000 m^2.

Departments of oncology and hematology in Al-Shifa Hospital:

Female oncology /hematology ward 15 beds with 10 nurses working on A, B, C shifts.

Male oncology / hematology ward, 15 beds with 12 nurses working on A, B, C shifts.

Day care chemotherapy center for out -patient clinic with 6 nurses

1.6.3.3 European Gaza hospital (EGH)

In Khan Younis Governorate European Gaza hospital (EGH) is considered as one of the advanced medical centers in Palestine. The hospital project contains facilities for a full range of secondary, primary and planned tertiary patient care services for both inpatients and outpatients. The hospital has 261 beds and the number of doctors (160) and nursing (204) and total hospital staff (691) employees (MOH, 2014_D).

Departments of oncology and hematology in EGH

- Female oncology/hematology ward, 17 beds with 11 nurses working on A, B, C shifts.
- Male oncology/hematology ward, 14 beds with 14 nurses working on A, B, C shifts.
- Day care chemotherapy center for out -patient clinic with 2 nurses

1.6.3.4 Dr. Abdel Aziz Rantisi Hospital:-

Specialist Hospital in Pediatrics offers specialized medical services, located in the neighborhood of AL-Nasser Street. Hospital has started its operation in 2008, the hospital includes multidiscipline's departments of pediatrics specialty, kidney childhood diseases, nervous system diseases, hematology-oncology, gastrointestinal diseases in addition to intensive care for children and outpatient laboratory and blood bank, radiology and physiotherapy department for children.

Departments of oncology and hematology in Dr. Abdel Aziz Rantisi Hospital

There is only department for oncology/hematology diseases with 15 bed and 13 nurses.

1.6.3.5 Huda Al Masri Pediatric Cancer Department" in Bait Jala Hospital

In 1908 was founded by the Swedish Association of Jerusalem. Work began in a simple location as a place for small ophthalmologist of Swedish origin and was heals people of the

region. From 1921-1947 during the British occupation of this building used as a hospital for mental illness for all the people of Palestine. In the year 1957 and during the Arab-Israeli war has been initiated to establish the surgery, children's wards, women, childbirth and the transfer of patients with mental illnesses to the Austrian hospital now known as Dr. Mohammed Saeed Kamal Hospital.

In 1994, the Palestinian National Authority took the responsibility of health sector and has many achievements. In the year 1997 Italian government build the Italian pavilion, which ended on 2003, and that has a children's section, Department of gynecology and childbirth, Department of Oncology and the Department of tissues, Department of Central Sterilization and the main store, The total number of beds: 160 beds. Number of household's beds; 113 beds and number of employees: 370 employees.

Departments of oncology and hematology in Bait Jala Hospital:

- Adult oncology hematology ward, the capacity is 25 beds with 15 nurses.
- Huda Al Masri Pediatric Cancer Dept. was built in Beit Jala Government Hospital in the West Bank by the Palestine Children's Relief Fund and opened officially on April 6, 2013. It was built in honor of the late PCRF Head Social Worker, Huda Al Masri. The PCRF is a nonprofit, nonpolitical humanitarian medical relief organization dedication to healing the wounds of war and occupation in the Middle East by providing free medical care for sick and injured children who cannot be treated locally. Its mission To provide sick and injured children in the Middle East medical care, regardless of their race, nationality, religion or ethnicity. The capacity is 20 bed with seventeen nurses.
- Day care chemotherapy center for out -patient clinic with three nurses .

1.6.3.6 An-Najah National University

An-Najah National University is Palestine's leading academic institution in medicine and health care. Since the inception of its Faculty of Medicine in 1999, the university has made tremendous achievements in the promotion of medical science and care for Palestinians, the latest of these achievements being the An-Najah National University Hospital in Nablus.

Nablus has a population of more than 340,000 and is the second-largest country in the West Bank. The city is central to all northern villages, making it a natural hub for medical services to over 1,000,000 inhabitants. With only 24 government hospitals in the West Bank and Gaza, the ratio between hospital beds and the total population is 1 to 1,000. Recognizing this huge disparity, An-Najah's Faculty of Medicine and Health Sciences, began construction of NNUH jointly with the Ministry of Health in 2008, establishing Palestine's first university hospital.

Today, although construction continues, the hospital's main facility is operational and currently treating patients. With 120 beds and a total area of 17,000 square meters, the facility hosts a fully running intensive care unit (ICU), emergency room, dialysis treatment, X-ray, ultrasound, and computerized tomography (CT) scan—making the hospital the most advanced provider of medical services in Palestine.

Departments of oncology and hematology An-Najah National University in:

- Pediatric oncology/hematology ward in An-Najah National University, the capacity is 13 beds with twelve nurses. (The oncology, hematology patient in the general pediatric ward, no separation between other medical, surgical diseases.

- Adult oncology/hematology ward in An-Najah National University, the capacity is 13 bed with 15 nurses. (The oncology, hematology patient in the general pediatric ward , no separation between other medical diseases .
- Pediatric oncology/hematology ward in Al-Etehad (مستشفى الاتحاد العربي سابقا), the capacity of the ward is 13 beds and 15 nurses.
- Adult oncology/hematology ward in Al-Etehad, the capacity 15 beds and 11 nurses.
- Day care chemotherapy for out-patient clinic nearly 20 beds and 10 nurses .

1.6.3.7 Augusta Victoria Hospital

Augusta Victoria Hospital in East Jerusalem is a specialized center for oncology, kidney dialysis, general ICU and Geriatric services, and is the only radiotherapy center accessible to Palestinians and the only pediatric dialysis center in Palestine. The majority of patients are referred by the Palestinian Ministry of Health from the West Bank and Gaza Strip. In May 2013, Augusta Victoria Hospital (AVH) became the first Palestinian institution with multiple specialties and one of 500 health organizations worldwide to hold the accreditation from the Joint Commission.

The Joint Commission International (JCI) is a non-profit, non-governmental organization, and the most prominent health care accreditor in the United States. The JCI accreditation is an international evaluation process used to assess and to improve the quality, the efficiency and the effectiveness of health care organizations and guarantees efficient and effective quality of patient care and patient safety. It is based on evidence based standards that focus primarily on the safety of the patients, quality of medical care, the safety of buildings and facilities, patients' rights, and administrative competencies (Joint Commission, 2014).

AVH is licensed for 170 beds and in 2014 the occupancy bed rate was 78.23% for a total of 48,544 days of hospital care (The LWF, 2013). The specialty departments that account for the majority of work at the hospital are:

- The Cancer Care Center
- The Hematology and Bone Marrow Transplantation Care Center
- The Dialysis Unit
- The Intensive Care Unit
- The Surgical & ENT Center
- The Diabetes Care Center
- The Specialized Center for Child Care
- The Skilled Nursing and Long-Term (Sub-Acute) Care Facility (Augusta Victoria Hospital, 2016)

Table 1.1: Distribution of nurses in the inpatient and Outpatient departments at AVH

No	Nursing Departments	Number of Staff nurses	Frequency
1	Medical Oncology	15	12%
2	Hematology Unit	12	9.6%
3	Pediatric Oncology	15	12%
4	Adult Chemotherapy	12	9.6%
5	Dialysis unit	16	12.8%
6	Surgical Unit	12	9.6%
6	Operating Room & CSSD	10	8%
7	Intensive Care Unit	13	10.4%
8	Outpatient Radiotherapy	2	1.6%
9	Geriatric	18	14.4%
Total		125	100%

Chapter (2) literature review

In this chapter reviews the literature concerning the burnout among nurses and intention to leave. An analysis pertaining to burnout and intention to leave was conducted. The survey of literature revealed that there is extensive literature dealing with nurses burnout, intention to leave and correlation between them .But there is very little research conducted in Arabic world and Palestine mainly.

2.1 Literature Review

2.1.1 Burnout Concept

The concept of burnout was introduced by Fredeunberger in 1974. He stated that burnout occurred more commonly in occupations where members interact directly with people. Burnout is a term used to describe the condition of mental or physical energy depletion following a period of chronic unrelieved job-related stress that may sometimes be characterized by physical illness (Mosbys, 2005). Burnout has been referenced as a developmental phenomenon that festers over time and can therefore be thought of as a process (Burke & Greenglass, 1995). Conversely, Schaufeli and Enzmann (1998) referred to burnout as a multidimensional syndrome that can be considered to be a type of prolonged job stress.

Jackson, Schwab, and Schuler (1986) acknowledged that diverse definitions of burnout have flourished, but most uses of burnout refer to a state of emotional exhaustion caused by excessive psychological and emotional demands made on human service employees. Meier (1984) explained that although burnout is acknowledged as an important occupational hazard, serious questions exist regarding the validity of the construct as evidenced by the wide assortment of definitions.

Burnout is not a symptom of work stress; it is the end result of unmanaged work stress (Altun,2002). Burnout is defined as the feeling of complete emotional and physical exhaustion resulting from prolonged stress at work that has negative effects on the individual nurse, the patient, the organization, the nurse‘s family and personal life (Altun, 2002). Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind. This is the most influential and widely accepted definition of burnout; this led to the establishment of the Maslach Burnout Inventory (MBI) Maslach and Jackson (1986).

There are three dimensions of MBI, the first dimension is Emotional Exhaustion which refers to a spectrum of feelings that result from being emotionally overextended and therefore depleted of one's normal reserve of emotional resources (Maslach, 1993).

The second one is Depersonalization which represents the interpersonal dimension of burnout; it refers to a negative, cynical or emotionally detached response to other people that might include an excessive or unrealistic idealism about the tasks in hand (Maslach, 1998). The third is reduced personal accomplishment which refers to a decline in feelings of personal competence and productivity at work and may actually reflect the consequences all the feelings that it indicates. This is the component of the burnout syndrome that is connected with self-evaluation and self-assessment whether such evaluations are realistic or unrealistic, accurate or inaccurate (Maslach, 1993).

2.1.2 Burnout among Health Care professional

Health care professionals are at very high risk of developing burnout. This can be attributed to the fact that health care professionals are directly and continuously involved with human beings in their professions, and the intensity of these relationships can create or amplify the possibility of developing stress-related symptoms. (Maslach et al, 2001).

Health care professionals also work in environments that are characterized by financial constraints, high workloads, complex cases, and the need to adhere to the conventions and regulations of the profession in order to satisfy the diverse expectations of the recipients as well as the harsh realities of the job (Dollard et al. 2003; Ohlson et al. 2001).

2.1.3 Burnout among Oncology /Hematology Nurses

International research in this field has mainly focused on two areas; 1) the prevalence and concomitant features of burnout such as job stress and psychosocial distress and, to a lesser extent, 2) the determinants of burnout, which largely have been explored in terms of occupational, demographic and psychosocial factors. However, while the literature is clear in establishing high levels of burnout and psychological distress in oncology staff (Grunfeld et al, 2000; Ramirez et al, 1995; Sherman et al, 2006), the research is very limited in the reporting of determinants and predictors of burnout in this particular occupational group.

To ascertain the effect of burnout and job stress factors on oncology nurses, a meta-study was conducted by Toh, Ang and Devi (2012). The relevant studies were examined using the Joanna Briggs Institute-Meta Analysis of Statistics Assessment and Review Instrument. Toh et al. found a two-way relationship between nursing shortages and oncology nurses' job satisfaction, job stress and burnout levels, although these differed based on individual differences and work environments , Manager nurses were more likely to report staff shortages leading to job dissatisfaction, job stress and burnout, and these indicators led to leaving the employer.

Haemato-oncological patients are often affected by incurable chronic cancers, such as leukemia, lymphoma and multiple myeloma, which reduce their quality of life and require debilitating and life-threatening. Patients are subjected to great psychosocial distress, even

in the form of psychiatric disorders (Haberman, 1995; Prieto et al, 2002; Fritzsche et al, 2003). The daily exposure to suffering and loss can lead the haemato-oncological physicians and nurses to experience strong emotions, such as feelings of inadequacy, grief, anger, disillusionment and frustration, sense of failure, desire to avoid patients and detachment to work (Meier et al, 2001). Many studies have investigated prevalence of burnout (30–50%) and psychiatric morbidity (about 25%) among large cohorts of oncological physicians (Whippen and Canellos, 1991; Ramirez et al, 1995, 1996; Grunfeld et al, 2000) .

An Australian study done by Linda Barrett and Patsy Yates (2002) , the aim of this study is assess job satisfaction, burnout, and intention to leave the specialty among Oncology/hematology nurses . This study, using a convenience sample of 243 oncology/hematology nurses working in 11 Queensland health care facilities, explored factors that influence the quality of nurses' working lives. Although nurses indicated that nearly 40% of registered nurses (RNs) are dealing with workloads they perceive excessive, 48% are dissatisfied regarding pay, and professional support is an issue. Furthermore, emotional exhaustion is a very real concern: over 70% of the sample experienced moderate to high levels. Over 48% of the sample could not commit to remaining in the specialty for a further 12 months. Health care managers and governments should implement strategies that can increase nurses' job satisfaction and reduce burnout, thereby enhancing the retention of oncology/haematology nurses.

2.1.4 Burnout Prevalence

The study of Abu Shaikha and Saca-Hazboun (2009), aimed of the study to investigate job satisfaction and burnout among Palestinian nurses. A random sample of 152 nurses was recruited from private hospitals. The instruments included a demographic questionnaire, the Minnesota satisfaction questionnaire and the Maslach burnout inventory. Respondents

reported moderate levels of job satisfaction and moderate burnout. Palestinian nurses face many challenges in their daily work due to decreased chances of job advancement and emotional exhaustion which may lead to job dissatisfaction.

Another study conducted in Gaza Strip by Alhajjar et al. (2012), the study aimed to determine the prevalence of burnout syndrome among Palestinian social workers in Gaza Strip. Tools: The Maslach Burnout Inventory (MBI) and Self-Esteem Scale (Richardson & Benbow, 1990) questionnaire were distributed to all eligible social workers in Gaza (n=250). One hundred and seventy six (176) participants completed and returned the questionnaire with response rate 70.40%. the main Result, the Participants reported high prevalence of burnout syndrome which represented as follows: 56.2% high level of Emotional Exhaustions (EE), 67.0% high level of Depersonalization (DP) and 85.8% high level of Reduced Personal Accomplishment (RPA). Positive self-esteem was correlated negatively with burnout. Results indicated significant differences in burnout due to age (being younger), experience (less experienced) and type of employer (neither governmental nor UNRWA). Females were more burnout but did not reach significant difference.

The study of Fazelzadeh A., et al.(2008), this study compared the levels of burnout among nurses in different nursing specialties. The sample of the study consisted of all the nurses working in all public hospitals in Shiraz, Iran who were graduates of either technological educational institutions or universities and had experienced clinical nursing practice for at least 1 year. Using Maslach Burnout Inventory and General Health Questionnaire (28-item version). Study results indicated that nurses of psychiatry wards showed significantly higher levels of emotional exhaustion and depersonalization in comparison with nurses working in other words, and burn wards nurses showed significantly higher levels of personal accomplishment. Also, nurses who were single were more emotionally exhausted.

The study of Ioanna Papathanasiou (2011), the purpose of this study was to investigate possible differences in professional burnout subscales between health workers in medical and mental health sector. The sample constituted of randomly selected 240 workers in medical health sector and 217 in mental health sector, aged 39.8±7.9 years old. Health workers from University and General Hospitals from all over Greece participated in the study. Maslach‘s Burnout Inventory was used. SPSS 17.0 was used for statistics. The majority of health professionals were women. Over 50 % of workers in mental health sector showed low emotional exhaustion and depersonalization, while one third of them gave a high personal accomplishment score. Mental health professionals showed statistically significantly lower scores in emotional exhaustion and depersonalization, in comparison with medical sector workers. Different working environments influence the development of health care workers burnout.

The study of Houkes I., et al. (2011), performed a three-wave longitudinal study (2002, 2004, and 2006) in a random sample of Dutch GPs. Data was collected by means of self-report questionnaires including the Maslach Burnout Inventory. Our final sample consisted of 212 GPs of which 128 were male, Results indicate that about 20% of the GPs is clinically burned out (but still working). For both sexes, burnout decreased after the first wave, but increased again after the second wave. The prevalence of depersonalization is higher among men. With regard to the process of burnout we found that for men burnout is triggered by depersonalization and by emotional exhaustion for women

In the study of Spooneret al. (2007), the study aimed to determinants of burnout among nurses working in three public hospitals in Queensland, Australia. And to investigates the impact of work support on the stress burnout relationship. A convenience sample of 273 nursing staff (235 females, 38 males) participated in the study. Nurses reported moderate levels of burnout (emotional exhaustion, depersonalization and reduced personal

accomplishment). Hierarchical regression analyses revealed that socio-demographic factors play a small, but significant role in predicting burnout. Role Overload, Job Conflicts and Role Boundary contributed to higher levels of Emotional Exhaustion. Role Boundary and Professional Uncertainty contributed to higher levels of Depersonalization and Role Boundary and Role Ambiguity contributed to lower levels of Personal Accomplishment. Only Supervisor Support had a significant main effect on Depersonalization and Personal Accomplishment. No evidence was found to indicate that work support had a buffering effect on the stress burnout relationship.

2.1.5 Factors that Affecting Burnout

2.1.5.1 Individual Factors

Maslach et al. (2001) posed another critical question, "Who experiences burnout?" these researchers stated that personnel factors include demographic variables (e.g., age, formal education), enduring personality characteristics, and work-related attitudes, and that some of these individual characteristics have been found to be related to burnout. However, Maslach et al. maintained that these relationships are not as great in size as those for burnout and situational factors. As such, this reasoning suggests that burnout is more of a social phenomenon than an individual one.

2.1.5.2 Personality Characteristics

Maslach et al. (2001) maintained that several personality traits were studied to discover which types of people might have a greater risk of experiencing burnout. For example, people with low levels of hardiness (e.g., involvement in daily activities, a sense of control over events, openness to change) have higher levels of burnout scores, and more specifically in the exhaustion dimension. Alternately, people who have an external locus of control (i.e., attributing events and achievements to powerful others or to chance) have

higher levels of burnout than persons having an internal locus of control (i.e., attributions to one's own ability and effort. Maslach et al. explained that low levels of hardiness, poor self-esteem, external locus of control, and an avoidant coping style typically constitute the profile of a stress prone individual.

The study of Amy A. Hurt (2011), the purpose of the present research study was to investigate associations between normal personality traits, using the five-factor model of personality, and key job-related variables, including burnout and job satisfaction in a sample of therapists who work one on one with individuals diagnosed with autism. Significant positive or negative correlations were found between the personality factor of Neuroticism and all three subscales of burnout (Exhaustion, Cynicism, and Professional Efficacy). In addition, two other personality traits, Extraversion and Conscientiousness, were significantly negatively correlated with Cynicism and positively correlated with Professional Efficacy. Finally, the Agreeableness personality factor was positively associated with Professional Efficacy. A significant positive correlation was found between job satisfaction and Extraversion, and a negative correlation was found between job satisfaction and Neuroticism. By finding correlations between personality traits, subscales of burnout, and job satisfaction, we provide evidence of factors that may identify therapists who are at-risk for burnout prior to being hired. In addition, by identifying currently employed therapists who exhibit these risk factors, interventions can be applied to lower these scores and alleviate worker distress, ultimately positively influencing therapist job satisfaction and quality of work provided.

2.1.5.3 Job Attitudes

Individuals vary in the expectations they hold in relation to their jobs, such as having a very high outlook in terms of the nature of the work and likelihood of success in achievement (Maslach, et al, 2001). Maslach et al. contended that one hypothesis has been

that individuals with high expectations can lead to working too hard or doing too much, which in turn can lead to exhaustion and eventual cynicism when the large effort does not afford the expected results. Maslach et al. stated that such a hypothesis has received mixed empirical support with only about half having a correlation, and cautioned that the correlation does not actually test the causal relationship inherent in the hypothesis. Maslach et al. recommended that longitudinal studies with repeated measures are necessary to elucidate this issue.

2.1.5.4 Job Satisfaction

Locke (1976), defined job satisfaction as ―a pleasurable or positive emotional state resulting from the appraisal of one‘s job or job experiences". Additionally, job satisfaction has emotional, cognitive and behavioral components (Bernstein & Nash, 2008). The emotional component refers to feelings regarding the job, such as boredom, anxiety, or excitement. The cognitive component of job satisfaction refers to beliefs regarding one's job, for example, feeling that one's job is mentally demanding and challenging. Finally, the behavioral component includes people's actions in relation to their work, which may include being tardy, staying late, or pretending to be ill in order to avoid work (Bernstein & Nash, 2008).

There are two types of job satisfaction based on the level of employees' feelings regarding their jobs. The first, and most studied, is global job satisfaction, which refers to employees' overall feelings about their jobs (e.g., "Overall, I love my job.") (Mueller & Kim, 2008). The second is job facet satisfaction, which refers to feelings about specific job aspects, such as salary, benefits, and the quality of relationships with one's co-workers (e.g., "Overall, I love my job, but my schedule is difficult to manage.") (Mueller & Kim, 2008). According to Kerber and Campbell (1987), measurements of job facet satisfaction may be helpful in identifying which specific aspects of a job require improvements. The results

may aid organizations in improving overall job satisfaction or in explaining organizational issues such as high turnover (Kerber & Campbell, 1987).

2.1.5.5 Family Characteristics

Although the main precursors of burnout can be found at the work environment, several authors claimed that a demanding family environment cannot be neglected when examining the development of burnout (e.g., Peeters, Montgomery, Bakker & Schaufeli, 2005). Families may be affected by the burnout experience of a family member with such consequences as marital dissatisfaction and family conflict (Cherniss, 1980; Maslach, 1982; Ray & Miller, 1994; Schaufeli & Enzmann, 1998).

2.1.5.6 Situational Factors

Maslach et al. (2001) posed the question "Where does burnout occur?" and stated that

burnout is an individual experience that is specific to the work content. As such, research over the past twenty-five years has maintained a consistent focus on the situational factors that are the prime correlates of this phenomenon. Maslach et al. considered three subsets in the category of situational factors: (a) job characteristics; (b) occupational characteristics; and (c) organizational characteristics.

2.1.5.7 Job Characteristics

Maslach et al. (2001) maintained that job demands can be quantitative or qualitative and made note of the following points: (a) quantitative job demands refer to too much work for the available time to complete the assignment(s), and that experienced workload and time pressure are strongly and consistently related to burnout; (b) studies on qualitative job demands have focused on role conflict and role ambiguity, both consistently have shown a moderate to high correlation with burnout; (c) lack of feedback is consistently related to all three dimensions of burnout and is higher for people who have little participation in

decision making, hence, lack of autonomy is correlated to burnout, though the strength if the relationship is weaker.

2.1.5.8 Occupational characteristics

According to Maslach et al. (2001), research on burnout originally dealt with people in care-giving and teaching roles. Later, the focus expanded to include non-service occupations such as those where the contact with people fell short of the demands of a more extensive relationship (e.g., managers). However, Maslach et al. cautioned that some confounding variables with some occupations needed to be factored into the research. As an example, the researchers stated that men predominate in law enforcement occupations, and cynicism has been found to be higher for males.

2.1.5.9 Organizational characteristics

Maslach et al. (2001) argued that the increasing breadth of occupational sectors has required rethinking of the situational context for burnout. Supporting this argument, they maintained that work often takes place within a larger organization that includes hierarchies, operating rules, resources, and space distribution. As such, the contextual focus has broadened to include the organizational and management environments where the work occurs. Maslach et al. stated that all these factors can have a far-reaching and persistent influence, and most particularly in situations where basic expectations of fairness and equity are violated.

In study of Putnik and Houkes (2011), this study examined work related characteristics, work-home and home-work interference and burnout among Serbian primary healthcare physicians (PHPs) and compared burnout levels with other medical doctors in EU countries. the finding shows No gender differences were detected on mean scores of variables among Serbian physicians, who experience high levels of personal

accomplishment, workload, job control and social support, medium to high levels of emotional exhaustion, medium levels of depersonalization and work-home interference, and low levels of home-work interference. There were more women than men who experienced low job control and high depersonalization. Serbian physicians experienced significantly higher emotional exhaustion and lower depersonalization than physicians in some other European countries.

2.1.6 Demographic Characteristics and Burnout

2.1.6.1 Age

Maslach et al. (2001) contended that age was found to be consistently related to burnout and is higher for those over thirty or forty years old. The argument for such a contention is that age is confounded with work experience, so burnout appears to be more of a risk in the latter years in a person's career. However, Maslach et al. noted that findings on age should be viewed with caution because of the alternate situation of "survival bias" which refers to those who burnout out early in their careers are likely to quit their jobs, leaving behind "survivors" who consequently exhibit lower levels of burnout.

2.1.6.2 Gender

Levels of burnout have been somewhat consistent among men and women; however, there are gender differences with respect to other demographic variables (Maslach C, 2003).For example, a survey of 3,424 employees indicated that a low educational level and low social status increased the risk of burnout for women, whereas marital status (single, divorced, or widowed) increased the risk for men (Ahola K, et al 2006).

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status increased the risk of burnout for women, whereas marital status (single, divorced, or widowed) increased the risk for men (Ahola K, et al 2006).

Gender has not been strongly associated with the occurrence of burnout. The only consistent difference is that males often score higher on cynicism and females score slightly higher on emotional exhaustion (Maslach et al., 2001).

2.1.6.3 Marital status

Although the main precursors of burnout can be found in the work environment, several authors claim that a demanding family environment cannot be neglected when examining the development of burnout (e.g., Peeters, Montgomery, Bakker & Schaufeli, 2005).

Family status also seems to play an important role in burnout; rates of burnout are higher among single workers and workers with no children than among married workers and those with children (Maslach C, 2003).

Gulalp, Karcioglu, Sari & Koseoglu (2008) performed a study in nursing personnel working in the emergency departments in Turkey. Results show that married participants had higher levels of reduced personal accomplishment and lower levels of emotional exhaustion and cynicism compared to single participants.

In some studies, married employees' job burnout is reported higher than single ones (Russell et al., 1987).

The study of Elizabeth Ayala and Andrés M., Carnero (2013), aimed to examine the association between the dimensions of burnout and selected socio-demographic and occupational factors in military acute/critical care nursing personnel from Lima, Peru.

A cross-sectional study in 93 nurses/nurse assistants from the acute and critical care departments of a large, national reference, military hospital in Lima, Peru, using a socio-demographic/occupational questionnaire and a validated Spanish translation of the

Maslach Burnout Inventory. Total scores for each of the burnout dimensions were calculated for each participant. Higher emotional exhaustion and depersonalization scores, and lower personal achievement scores, implied a higher degree of burnout. We used linear regression to evaluate the association between each of the burnout dimensions and selected socio-demographic and occupational characteristics, after adjusting for potential confounders. The associations of the burnout dimensions were heterogeneous for the different socio-demographic and occupational factors. Higher emotional exhaustion scores were independently associated with having children ($p<0.05$) and inversely associated with the time working in the current department ($p<0.05$). Higher depersonalization scores were independently associated with being single compared with being divorced, separated or widowed ($p<0.01$), working in the emergency room/intensive care unit compared with the recovery room ($p<0.01$), and inversely associated with age ($p<0.05$). Finally, higher personal achievement scores were independently associated with having children ($p<0.05$).

The study of Yang Wang,et al. (2012), this study aims to explore the relationship between work-family conflict and burnout among Chinese female nurses and the mediating role of psychological capital in this relationship. Both work interfering family conflict and family interfering work conflict were positively related with emotional exhaustion and cynicism. However, work interfering family conflict was positively related with professional efficacy whereas family interfering work conflict was negatively related with it. Psychological capital partially mediated the relationship of work interfering family conflict with emotional exhaustion and cynicism; and partially mediated the relationship of family interfering work conflict with emotional exhaustion, cynicism and professional efficacy.

2.1.6.4 Educational Level

Educational status seems to have an effect, with higher levels of burnout among workers with higher levels of education, this difference could be the result of the expectations associated with advanced education and job choices (Maslach , 2003).

According to Maslach et al., (2001), educational qualifications play a role in the development of burnout; higher levels of burnout are experienced by workers with higher levels of education. Patrick and Lavery (2007), found in a randomized survey of a sample of Victorian nurses that nurses who gained their qualification at a university experienced higher levels of emotional exhaustion and cynicism than hospital trained nurses. Elkonin and Vyver (2011) conducted a study with thirty nurses working in intensive care units in East London, South Africa. Of the sample of nurses participants (n=26/86%) had a basic diploma in nursing, while (n=4/13.3%) participants had a degree. Furthermore, (n=15/50%) participants with an additional intensive care qualification, experienced higher levels of emotional exhaustion, which can be attributed to the nature and extent of care required by patients in intensive care units.

2.1.6.5 Working system (A, B, C shift)

The number of hours worked and the flexibility of those hours are potential variables influencing burnout (Dyer & Quine, 1998).

The study of Judy F. Lavery, BA (2007), the main of study to the assessment of levels of burnout in Victorian ANF nurse members and the identification of individual or work characteristics that may be associated with it A random sample of 574 Victorian ANF nurse members. Victorian ANF nurse members exhibited lower depersonalization and higher personal accomplishment compared to medical and overall normative data.

Working overtime was positively associated with emotional exhaustion however further analyses demonstrated that those who worked overtime voluntarily did not differ from workers not working overtime. However feeling pressured/ expected to work overtime was positively associated with emotional exhaustion and depersonalization.

Increased workload is related to other elements besides actual patient volume, including extended shifts, overtime (often mandatory), many consecutive days of work, rotating shifts, weekend work, and on-call requirements. Working long hours have two serious consequences namely fatigue which are associated with increased risk of errors and the intention to leave the profession (Rogers et al., 2004).

In study by Jaradat et al. (2010) researcher finding "negative effects of rotating shift work on mental health among Palestinian nurses were affected by job satisfaction: nurses reporting high job satisfaction did not report increased mental distress related to rotating shift work. Men reported significantly more cigarette smoking than did women, but this lifestyle behavior did not significantly affect mental distress; we did not record significant differences between any other lifestyle behaviors.

2.1.6.6 Type of job

The number of hours worked and the flexibility of those hours are potential variables influencing burnout (Dyer & Quine, 1998). In a study by Brotheridge and Grandey (2002), perceived work demands, including frequency, duration, variety, and intensity of employee client interactions, were positively related to burnout. Powell (1994) also found that alienation is closely related to burnout.

2.1.6.7 Private Vs. Public Sectors

Pillay (2009) demonstrated in his study among South African nurses that nurses in the private sector and public sector are both dissatisfied with their salary and career development.

High level of burnout was found in government employees who perceived existence of a poor rewards system (Gabris & Ihrke, 2001). An Australian study about the public sector employees confirmed that low reward and poor appraisal system increased exhaustion among employees.

2.1.7 Work Life Environment and Burnout

Maslach and Leiter propose six dimensions of work life that influence the fit between a person and his or her job; they include workload, control, reward, community, fairness, and values. Taken together, the research of Maslach and Leiter suggests that despite common underlying organizational stressors, people react differently to burnout because of their personal attributes (such as personality and attribution style) that facilitate their fit (more or less) with the environment.

2.1.7.1 Lack of positive reinforcement

The rewards are composed of the social rewards (recognition), monetary rewards (raise in pay) and intrinsic rewards (pridein doing the job). These rewards are consistent with employee perception. Lack of recognition from colleagues, mangers, and supervisor who devalue work was found to promote the feeling of inefficacy in employees (Cordes & Dougherty, 1993; Maslach et al., 1996). High level of burnout was found in government employees who perceived existence of a poor rewards system (Gabris & Ihrke, 2001).

Among the causes of occupational burnout are: lack of recognition, tasks with no end, impossible tasks / nearly impossible problems for solving, difficult clients, incompatible

demands (many demands that may not be achieved together), also conflicting roles (home, family), value conflicts (personal / workplace values), meaninglessness of achieved goals (the success type of burnout) and social and emotional skills deficit (Beverly 2005).

AL Amassi (2007) conducted a study in Gaza Strip was aimed to assess the psychological factors associated with burnout among nurses. The tools used in the study were burnout inventory checklist, work stress checklist, social support checklist, personal data sheet (sex, age, years of experience, place of work). The results showed that the total score of burnout percentage is (50%), the work stress was (72%), the social support was (70%), the did total score of burnout percentage did not affected by the variables like sex, age, educational level, place of work, nurses experience at significant level(a=0.05).

Insufficient reward relates to several aspects such as recognition of contributions, adequate salary, and opportunities for advancement. Being fairly rewarded and recognized for contributions are important to nurses, and those who perceive respect and recognition are more likely to be satisfied with their job and to have a lower occurrence of burnout (Hoffman & Scott, 2003). According to Mafalo (2003), low salaries, poor working conditions and failure to recognize the value of nurses are associated with the migrating of nurses.

The study conducted in Gaza Strip by Abu Masoud (2010), this study aimed to recognizing the extent to which burnout spread out and its causes among administrative employees at Ministry of Education and Higher Education and the directorates of education belongs to it in Gaza strip and finding out the relationship between the level of burnout and number of demographic variables (sex, age, experience, marital status, managerial level, salary, educational level). The study population consisted of 821 employees a sample (n 258) was chosen randomly the response percentage was 86%. The main results of the study was that the administrative staff at the Ministry of Education in Gaza Strip suffer from the average

Level of burnout at the (Emotional exhaustion & Depersonalization) dimensions, and low level at the third dimension of burnout (personal accomplishment), the findings also showed that there was a negative significant correlation between (lack of positive reinforcement, low level of control and the level of burnout at its three dimensions. But there was a positive significant correlation between (work load –values conflict – and lack of social relationships) and the level of burnout at its three dimensions, the findings also showed that differences were significant between (age, experience, marital status, managerial level, and educational level) and the level of burnout at its three dimensions.

An Australian study about the public sector employees confirmed that low reward and poor appraisal system increased exhaustion among employees. Employees who felt they had employed same effort and times but faced inequity of rewards also reported the feeling of burnout. Reward mismatch is associated with a feeling of deprivation, and was found predictive of burnout (Lieter & Masalch, 1999). When employees did not receive what they considered important in the work life, it caused burnout (Lieter & Maslach, 2011).

Organizational commitment among Malaysian nurses (N=416) was studied by Lee, Bunpitcha and Ratanawadee (2011), as organisational commitment is important for retention of nurses in public hospitals. Lee et al. determined that organisational commitment could be predicted by perceived organisational support; job satisfaction factors that they established as including pay, job description, employer policies and practices, autonomy, relationships and professional status; plus experience. The study found that nearly half the nurses expressed a high level of organisational commitment, and this could be predicted by dependent variables of job satisfaction such as autonomy, relationships, job description and years of experience.

Due to the trying economic times, organizations have been struggling to reward individuals in monetary ways; thus, individuals are doing more work and receiving less reward as a

result (Maslach & Leiter, 1997). For individuals already struggling due to insufficient extrinsic rewards, there are the added obstacles in that individuals are working less as teams, there are less problem-solving and creativity which makes work enjoyable intrinsically (Angerer, 2003). Individuals begin to feel that his or her hard work is unappreciated or ignored (Maslach et al., 2001).

Mismatch in this aspect of work life is associated with all three of the dimensions of

burnout (Leiter & Maslach, 1999). Research conducted by Bennett, Ross, and Sunderland (1996) in 174 AIDS volunteers, utilizing the MBI, indicated that the frequency of burnout was "independently associated" with the "presence of stress and absence of reward

2.1.7.2 Work load

Workload is defined by the amount of work to be done in a given time. It is believed that if one is given enough time one can enjoy and develop professionally (Masalch & Lieter, 1997). Workload is the most important domain of job. Even outside of work individuals are becoming busier i.e. with children, aging parents, recreational activities. All these engagements require too much to be done with little recourse. Generally if work is manageable it provides individuals to grow and pursue career objectives. Lieter (2003) explains that workload is not a new challenge. Cordes and Dougherty, (1993) and Schaufeli and Enzmann (1998) have suggested that continuous workload is highly related with emotional exhaustion. Lee and Ashforth (1996) have reported exhaustion relates to the mediating nature of workload; they further reported that exhaustion causes cynicism and low self-efficacy. On the other hand, it was found that sustainable workload provides opportunities to improve existing skills (Landsbergis, 1988). Higher workload was found to be strongly related to exhaustion as reported by Lasalvia et al., (2009).

Increased workload is related to other elements besides actual patient volume, including extended shifts, overtime (often mandatory), many consecutive days of work, rotating shifts, weekend work, and on-call requirements. Working long hours have two serious consequences namely fatigue which are associated with increased risk of errors and the intention to leave the profession (Rogers et al., 2004).

A study of 820 nurses from 20 urban hospitals demonstrated that a poor work environment (with insufficient staffing as one criterion) was associated with a two to three times greater likelihood of high scores on the emotional exhaustion and depersonalization subscales of the Maslach Burnout Inventory (Vahey DC, 2004). In a much larger study (more than 10,000 nurses), the rate of burnout increased 23% for every additional patient per nurse (Aiken 2002).

According to Maslach et al. (2001), workload is directly related to the exhaustion aspect of burnout. A mismatch in workload is usually due to an excessive workload where too many demands lead to exhausting the individual‘s energy (Maslach et al., 2001).

In studies in which the Maslach Burnout Inventory has been used to measure burnout, inadequate staffing were positively correlated with high levels of emotional exhaustion. A cross sectional study of 820 nurses from 20 urban hospitals concluded that a poor work environment was associated with a greater likelihood of high emotional exhaustion and cynicism scores in the Maslach burnout inventory (Vahey, Aiken, Sloane, Clarke & Vargas, 2004). Increased workload is related to other elements besides actual patient volume, including extended shifts, overtime (often mandatory), many consecutive days of work, rotating shifts, weekend work, and on-call requirements.

The study of Esther R. et al. (2001), this study examines the relationship between workload, burnout and somatization in nurses. The respondents consisted of 1363 nurses

employed in hospitals, which were undergoing extensive restructuring. Results of structural equation analyses showed that workload was positively related to emotional exhaustion. Emotional exhaustion led to cynicism and somatization, and cynicism was negatively related to nurses' professional efficacy. Implications of the results for nursing practice are discussed.

Paris and Hoge (2010) reviewed the relevant research done over a 19 year span (1990-2009) among mental health employees and burnout and found that work load was a contributing factor in the development of emotional exhaustion in several studies.

2.1.7.3 Values

Value outlines the ethical relationship of people to their work. It includes the ideal and interests that attract employees to their job. Lieter and Maslach (1999) found that some jobs required full engagement of employees and being committed to such jobs required alignment of priority and values between the individual and the organization. A mutual balance of values is like a psychological contract that acts as a basis of a long-term relationship between an employee and the organization he works for (Lieter & Maslach, 1999).

Lieter and Maslach (1999) have explained that the greater the overlap of values between employee and the organization, the better the employee will feel and perform. When the overlap is smaller employee will have to make trade-off between the work they want to do and work they have to do. Value congruence enables employees to use recourses, company time and organizational reputation to pursue work that is important to the organization. It also allows employee to build on job expertise (Lieter & Maslach, 1999). When employee’s values are aligned with company’s mission, they look beyond the utilitarian

exchange of money or promotion. The work becomes meaningful to them and they are willing to put in more effort and time (Lieter & Maslach, 2011).

Leiter, Jackson and Shaughnessy (2008) found that value congruence could reduce burnout phenomenon. Several studies have reported value incongruence as a cause of burnout (Siegall & McDonald, 2004; Lieter & Maslach, 2004; Leiter et al., 2008).

Conflicting values between employee and organization leads work to be inapt (Leiter & Maslach, 1999). This contradiction leads to exhaustion, cynicism, and reduced personal accomplishment (Leiter & Maslach, 1999).

Leiter, Frank, and Matheson (2009) indicated that a congruence of values between 3,213 physicians and the organization in which they worked led to higher levels of personal accomplishment for both men and women; conversely, a crisis between values and the values of the organization contributed to emotional exhaustion, increased cynicism, and lower efficacy. Previous research conducted by Leiter (2008) among 725 nurses found similar results between value incongruence and reported burnout on all three dimensions

According to Maslach et al. (2001), there may be a mismatch in an individual‘s aspirations for his/her career and the values of the institution. Flynn and Aiken (2002), investigated whether nurses from the United States and other countries value attributes in the organization that support a professional nursing practice. The value nurses found important to their job satisfaction included nurse autonomy, control over the practice environment, and their relationships with physicians

2.1.7.4. Control

Control is defined as the opportunity to make choices and decisions to solve problems on one’s job, and it is believed to contribute to the fulfillment of responsibilities. An

employee's ability to exercise professional autonomy, influence decisions and gain resources to do his/her job well contributes to the feeling of control (Leiter et al., 2010).

Jackson et al. (1993) described control at work as the influence an employee has over his/her work activities in terms of timing and method to fulfill the job at hand. Employees having insufficient control over their job are unable to solve problems effectively. Since employees in an organization have to share and collaborate resources with each other therefore ability to control one's job is vital in order to carry out the task (Maslach & Lieter, 1997). In a recent study lower control was found to cause lower personal efficacy (Lasalvia et al., 2009). Greater exhaustion and cynicism was found among employees with lower level of control and lower personal accomplishment was reported by employees who had low level of control (Rafferty, Friendand Landsbergis, 2001).

In a study of 9,503 participants in 28 different occupations (however, all of them in the human service field) in the Netherlands, results indicated that the amount of job control was linked to higher levels of burnout across occupations (Taris et al., 2005).

2.1.7.5 Community

The quality of interaction with colleagues, managers and supervisors is referred to as community. Employees thrive in community where there is mutual support, closeness and shared sense of values. People thrive in community where they can share experiences, comfort, advice, humor and share mutual respect for each other. Such qualities of closeness with other people help employees feel part of a social support system and they feel at ease to exchange emotional experiences (Lieter &Maslach, 2009).

Burnout research has focused on social support from coworkers and supervisors and has shown negative relationship of community with burnout (Cordes and Dougherty, 1993, Maslach et al., 1997). Schnorpfeil et al., (2002) have found that more social support lead to

reduced burnout. Many empirical studies have analyzed significant relationship of burnout and social support (Baruch-Feldman, Brondolo, Ben-Dayan & Schwarz, 2002; Schaufeli &Greenglass, 2001). Several studies have confirmed the presence of social support to help reduce level of burnout (Sand & Miyazaki, 2000; Houkes et al., 2001).

2.1.7.6 Fairness

Fairness is the extent to which the organization has consistent and equitable rules for everyone. Unfairness can occur with inequity of workload or pay, cheating or promotions handled inappropriately. Lack of fairness indicates confusion in the value system of the organization (Leiter, 2005). Fairness shares some qualities of community and rewards. As suggested by Leiter (2003), a lack of fairness in the organization indicates its weak relationship with people. Fairness communicates respect for employees and confirms their self-worth. In an organization where people can present their argument and are treated with respect and politeness is an indication of a fair organization.

Fairness is also important to the equity theory. According to the equity theory, employees perceived their inputs such as time and efforts to be equated by outputs such as rewards and recognition. Bakker, Schaufeli, Bosveld and van Dierendonck (2000) researched that lack of reciprocity or imbalance in the social exchange process led to high level of burnout (Leiter & Maslach, 1988). When employees were going through difficult times they looked up to the administrative leaders for optimism,

fairness and expectations (Leiter & Maslach, 2009).

Employees who perceive their supervisors as being both fair and supportive are less susceptible to burnout and are more accepting of major organizational change (Leiter & Harvie, 1997, 1998).

If an individual does not feel like he or she is being treated fairly by the organization, he or she experiences distrust and associated stress (Angerer, 2003). Inequitable pay or workload, cheating, or favoritism given in evaluations or promotions are all examples of an unfair work environment (Maslach et al., 2001).

Moreover, ineffective procedures to resolve grievances and disputes also lead to unfairness (Maslach et al., 2001). On the other hand, a fair organization is one in which individuals show consideration for each other; there is mutual trust among employees as well as upper management; and individuals feel that they are treated equally and respectfully (Leiter & Maslach, 1999).

2.1.8 Consequences of burnout

2.1.8.1 Depression

Depression is a state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behavior, feelings, world view, and physical well-being (Salmans, Sandra, 1997). Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions, and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains, or digestive problems that are resistant to treatment may also be present(NIMH, 2012).Burnout may include depression, the persons are exhausted, hopeless, indifferent and believe that there is nothing for them in the future. To them, there is no meaning of life and typical depression symptoms arise (Cordes, C. and Dougherty, T.,1993).

2.1.8.2 Anxiety

Anxiety is a physiological and psychological state characterized by cognitive, somatic, emotional, and behavioral components. These component combine to create the painful feelings that typically recognized as uneasiness, apprehension, or worry (Seligman, Walker, & Rosenhan, 2001).

2.1.8.3 Frustration

In psychology, frustration is a common emotional response to opposition and related to anger and disappointment; it arises from the perceived resistance to the fulfillment of individual will. The greater the obstruction, and the greater the will, the more the frustration is likely to be. Causes of frustration may be internal or external. In people, internal frustration may arise from challenges in fulfilling personal goals and desires, instinctual drives and needs, or dealing with perceived deficiencies, such as a lack of confidence or fear of social situations. Conflict can also be an internal source of frustration; when one has competing goals that interfere with one another, it can create cognitive dissonance. External causes of frustration involve conditions outside an individual, such as a blocked road or a difficult task. While coping with frustration, some individuals may engage in passive–aggressive behavior, making it difficult to identify the original cause(s) of their frustration, as the responses are indirect. A more direct, and common response, is a propensity towards aggression, Miller NE (1941).

2.1.8.4 Anger

Anger is an emotion related to one's psychological interpretation of having been offended, wronged, or denied and a tendency to react through retaliation (Sheila Videbeck, 2008) describes anger as a normal emotion that involves a strong uncomfortable and emotional response to a perceived provocation.

2.1.8.5 Stress

Stress is a broad area of study in many different branches of social and medical sciences. The meaning of stress depends mainly on which branch of science we talking. However, it is true that not all stress is negative; there is the positive side of stress (eustress) as well as the negative side of it (distress). Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope. Stress occurs in a wide range of work circumstances but is often made worse when employees feel they have little support from supervisors and colleagues, as well as little control over work processes (WHO, 2012). Work-stress is defined as the psychological state that represents an imbalance or mismatch between people‘s perceptions of the demands placed on them in their work environment and their ability to cope with those demands (Cox, 1985; Cox et al. 1993).

2.1.8.6 Job performances

Burnout has been associated with various forms of job withdrawal—absenteeism, intention to leave the job, and actual turnover. However, for people who stay on the job, burnout leads to lower productivity and effectiveness at work. Consequently, it is associated with decreased job satisfaction and a reduced commitment to the job or the organization. People who are experiencing burnout can have a negative impact on their colleagues, both by causing greater personal conflict and by disrupting job tasks. Thus, burnout can be ―contagious‖ and perpetuate itself through informal interactions on the job. There is also some evidence that burnout has a negative ―spillover‖ effect on people‘s home life (Burke & Greenglass, 2001).

2.1.9 Symptoms of burnout

Occasional feelings of frustration, anger, depression, dissatisfaction, and anxiety are normal parts of living and working. But people caught in the burnout cycle usually experience these negative emotions more often until they become chronic. In the worst cases, people complain of a kind of emotional fatigue or depletion. While no two people respond in exactly the same way, people tend to experience frustration first that may evolve into anger. In later stages we see anxiety and fear, then depression and in extreme cases despair. These physical symptoms are accompanied by declining performance, withdrawal and interpersonal problems, substance abuse in an attempt to self-medicate, illness and absenteeism and feelings of meaninglessness attitude (Sowmya K., et al, 2011). The affective symptoms together indicate a person who is gloomy, tearful and depressed (Schaufeli & Enzmann, 1998).

Physical symptoms result such as migraines, eating problems, muscle weakness or pain, loss of sexual desire, high blood pressure and high blood sugar (Schneider, 2007; Billeter-Koponen & Fredén, 2005).

2.1.10 Cost of burnout

Part of the significance of burnout on nurses is reflected in the great cost we all pay as patients and as nurses. First, patients pay in terms of decreased satisfaction with care and poorer outcomes from nursing care (AACN, 2005; Denney, 2003; JCAHO, 2002; Pendry, 2007). Additionally, the organizations pay in terms of increased cost since burnout in general is financially costly (Flinkman, Laine, Kilpi, Hasselhorn, & Salanterä, 2008; Hillhouse & Adler, 1997; Maslach & Leiter, 1999). Recruitment of new employees (Lacey & McNoldy, 2007a) and training new nurses (Rivers, et al., 2005) are expensive tasks for the organization. Also, when nurses are burned out they do poor work which can also

cause increased costs to the facility (Maslach & Leiter, 1999). Poor patient care (American Institute of Stress, n.d.; Rivers, et al., 2005) and poor staffing levels (AACN,2005) ultimately lead to a decrease in profit for the organization. In addition, for the facility that tries to combat burnout, there is also the cost of forming a committee to address the issue (Oddie & Ousley, 2007). Burnout affects the nurse‘s personal life (Augusto Landa, et al., 2008). Decreased job satisfaction is an effect on one‘s work life from burnout (Billeter-Koponen, Fredén, 2005; Demerouti, et al., 2000; Milliken, et al., 2007). Exhaustion and disengagement from work and all the conditions of the work environment that cause burnout lead to worsening health for the nurse and increase the feeling of dissatisfaction with one‘s life in general (Demerouti, et al.2000). Burnout causes nurses to leave their job and leads to a greater nursing shortage (Aiken, et al., 2002; Milliken, et al.,2007; Sadovich, 2005). Moreover, this leads to short staffing and increased work per nurse, which itself increases turnover (Lacey & McNoldy, 2007b). The result is the beginning of a sinister circle in which the result of burnout leads to an increase in the nurses who experience burnout (Aiken, et al.2002).

2.1.11 Measuring Burnout

There are many scientists who worked on measure burnout like: Burnout Questionnaire Freudenberger 1980, The Copenhagen Burnout Inventory, but the researcher will review two measures, Maslach Burnout Inventory and Oldenburg Burnout Inventory (OLBI).

2.1.11.1 Maslach Burnout Inventory

The most widespread burnout questionnaire is the Maslach Burnout Inventory (MBI; Maslach, et al., 1996). The superiority of MBI against other available measures was also quoted by Bursich (2006) in the following way: ―Burnout is what MBI measures.In fact; the MBI includes the three previously mentioned dimensions of burnout emotional

exhaustion, depersonalization and personal accomplishment. The MBI was first designed to address burnout in human services field (MBI-HSS). However, in the meanwhile is has been adapted to address a wider range of occupations (MBI-General Survey; non-human-services field; MBI-Educator Survey; educational setting) (Halbesleben & Buckley, 2004). The MBI includes originally 22 Items. The MBI-GS, on the other hand, has a reduced number of items (16 items) with a more general wording (e.g., the depersonalization dimension in changed to the cynicism dimension and addresses a distant attitude toward the job rather than toward people). the statements on a 7-point scale ranging from 0=never to 6=every day.

Example of this question:

- I feel emotionally drained from my work.
- I feel tired when I get up in the morning and have to face another day on the job.
- I have become less interested in my work since I started this job.
- I have become less enthusiastic about my job.
- I have become more cynical about whether my work contributes anything.
- I doubt the significance of my work.

2.1.11.2 Oldenburg Burnout Inventory (OLBI)

The Oldenburg Burnout Inventory (OLBI) was originally developed in German. The OLBI was translated into Dutch and then back-translated to German. The OLBI measures burnout with two dimensions: exhaustion and disengagement. The eight items of the exhaustion sub-scale are generic, and refer to general feelings of emptiness, overtaxing from work, a strong need for rest, and a state of physical exhaustion. Example items are ―After my work, I regularly feel worn out and weary, and ―After my work, I regularly feel totally fit for my leisure activities‖ (reversed) (1 = strongly disagree, 4 = strongly agree). Disengagement refers to distancing oneself from the object and the content of one‘s

work and to negative, cynical attitudes and behaviors toward one‘s work in general. This sub-scale also comprises eight items, including ―I frequently talk about my work in a negative way, and ―I get more and more engaged in my work (reversed). The answering categories are the same as for exhaustion. For both sub-scales, four items are positively worded and four items are negatively worded (Evangelia D., Arnold B. B., 2007).

2.1.12 Theories and Models of Burnout

2.1.12.1 Maslach and Jackson’s theory of burnout.

Maslach and Jackson‘s theory of burnout is the most widely used theory in burnout research (Schaufeli and Enzmann, 1998). Maslach and Jackson describe burnout as a three-dimensional syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. They define burnout as a psychological syndrome of these three dimensions that can occur among individuals who work with other people in some capacity (Schaufeli, Maslach and Marek, 1993). The first dimension is that of emotional exhaustion. In this dimension of burnout, the individual has feelings of being emotionally overextended and depleted of emotional resources. The second dimension, depersonalization, is characterized by negative or excessively detached response to other people, usually the recipients of one‘s care. The third dimension, reduced personal accomplishment, refers to an individual having a decrease in feelings of competence and successful achievement in work (Schaufeli, Maslach and Marek, 1993). Research by Maslach and Jackson (1982) indicates that an accumulation of a variety of stressors (individual, interpersonal and organizational stress) drives the burnout process.

2.1.12.2 Leiter-Maslach Process Podel

On the basis of her studies, Maslach (1982) had developed a three-dimensional construct of burnout and had defined burnout as a syndrome of emotional exhaustion,

depersonalization, and reduced accomplishment that can occur among individuals who do _people work. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or are having problems. Leiter and Maslach (1988) posited that there is a sequential development of different dimensions of burnout. It is the emotional exhaustion that first appears as a result of the excessive demands at work. In order to cope with the drainage of energy, the individual distances himself from his work and others as a defensive strategy, and this manifests as depersonalization or cynicism.

Finally, as a sequel to this depersonalization, the ability of the individual to work effectively decreases and when the realization that his present accomplishments do not match with his original expectations and ideals sets in, it leads to a sense of reduced personal accomplishment or inefficacy. But this developmental sequence of exhaustion-depersonalization-reduced accomplishment has been modified in the light of later empirical findings. The revised model (Leiter, 1993) proposes a mixed sequential and parallel development of the burnout dimensions. In the new model, burnout starts off with exhaustion and is sequentially followed by the development of depersonalization. There is a parallel development of the feeling of reduced personal accomplishment (renamed as ineffectiveness or reduced efficacy) independent of the other two dimensions, and this happens due to the work environment. Thus, while in the earlier model, burnout was an entirely internal process in which exhaustion was triggered due to environmental stress, in the latter model; environmental stressors affected the entire process of burnout by influencing all the dimensions of burnout.

Building on Maslach‘s model, Leiter suggests a distinct relationship among the three dimensions of burnout. Firstly, emotional exhaustion is found to cause a decrease in personal accomplishment when depersonalization acts as the mediating variable between

the two. Secondly, an inverse relation exists between job satisfaction and burnout dimensions. Thirdly, the correlation between burnout and two types of social interpersonal relations indicates that if an employee has a large network of informal social contacts at the workplace, he is expected to have lower exhaustion and lower depersonalization along with higher personal accomplishment. Conversely, if an employee has a large network of work contacts, he will show high levels of emotional exhaustion as well as personal accomplishment due to the existing positive relation between these variables. As per this framework, the person who experiences emotional exhaustion is likely to have many work contacts but relatively few informal contacts.

In his later model, developed in 1991 from a study of mental health workers, Leiter (2001) presents a framework of burnout exploring the impact of both the work context factors as well as coping styles on burnout. The model was refined by (Maslach, Schaufeli, and Leiter, 2001).

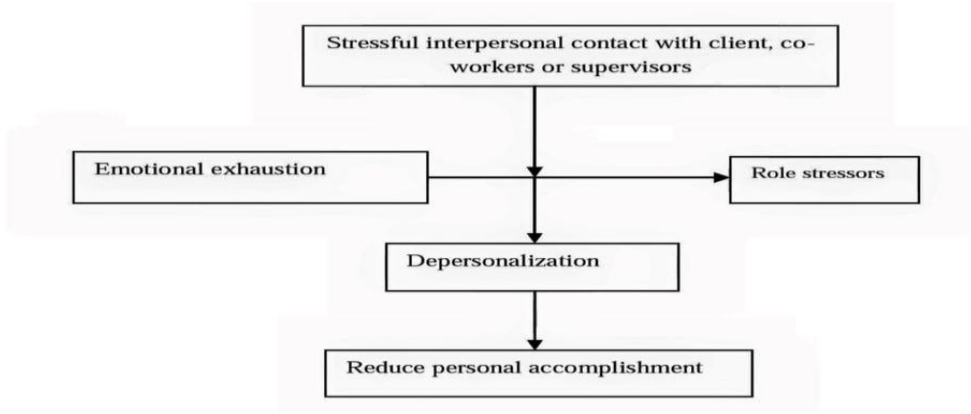


Figure 2.1: Leiter and Maslach's Burnout Model,
From the original leiter and Maslach (1988)

2.1.12.3 Veninga and Spradley's stage model

Veninga and Spradley (1981) believed that burnout occurred in the form of four distinct stages:

– **Honeymoon stage**

This stage is characterized by the feelings of excitement, enthusiasm, pride, and challenge arising out of the elation about the new job. It gives rise to certain coping mechanisms and strategies, which prove to be dysfunctional later. Also, this euphoria has a flip side it marks the beginning of the depletion of energy.

– **Fuel shortage stage**

The general, undefined feelings of fatigue, sleep disturbance, inefficiency, and job dissatisfaction signal future difficulties. These disturbances, in turn, can result in concomitant behaviors' of increased eating, drinking, and smoking.

– **Chronic symptom stage**

The physiological manifestation that appeared in the previous stage becomes more pronounced and accentuated in this stage and might even lead to the occurrence of symptoms like physical illnesses, anger, irritation, and depression. Crisis stage: Over a period of time, the symptoms may develop into acute psychosomatic disorders like peptic ulcer, tension headache, chronic backache, high blood pressure, sleep disturbance, etc., along with the development of escape mechanisms to deal with the increasing tendencies of self-doubt, a pessimistic view of life, and a general feeling of oppression.

– **Hitting the wall stage**

In this stage, there is a total mal adaptation due to the failure of the person‘s coping mechanisms to deal with stress. The model proposed by Veninga and Spradley (1981) is

evocative in imagery and could help a person recognize the warning signals and take preventive measures but the descriptive evocativeness comes at the cost of analytical rigor in modeling.

2.1.12.4 Herbert Freudenberger and Gail North Phases

Psychologists Herbert Freudenberger and Gail North have theorized that the burnout process can be divided into 12 phases, which are not necessarily followed sequentially (Kraft U, 2006).

- **The Compulsion to Prove Oneself**

Often found at the beginning is excessive ambition. This is one's desire to prove them while at the workplace. This desire turns into determination and compulsion.

- **Working Harder**

Because they have to prove themselves to others or try to fit in an organization that does not suit them, people establish high personal expectations. In order to meet these expectations, they tend to focus only on work while they take on more work than they usually would. It may happen that they become obsessed with doing everything themselves. This will show that they are irreplaceable since they are able to do so much work without enlisting in the help of others.

- **Neglecting Their Needs**

Since they have devoted everything to work, they now have no time and energy for anything else. Friends and family, eating, and sleeping start to become seen as unnecessary or unimportant, as they reduce the time and energy that can be spent on work.

– **Displacement of Conflicts**

Now, the person has become aware that what they are doing is not right, but they are unable to see the source of the problem. This could lead to a crisis in themselves and become threatening. This is when the first physical symptoms are expressed.

– **Revision of Values**

In this stage, people isolate themselves from others; they avoid conflicts, and fall into a state of denial towards their basic physical needs while their perceptions change. They also change their value systems. The work consumes all energy they have left, leaving no energy and time for friends and hobbies. Their new value system is their job and they start to be emotionally blunt.

– **Denial of Emerging Problems**

The person begins to become intolerant. They do not like being social, and if they were to have social contact, it would be merely unbearable for them. Outsiders tend to see more aggression and sarcasm. It is not uncommon for them to blame their increasing problems on time pressure and all the work that they have to do, instead of on the ways that they have changed, themselves.

– **Withdrawal**

Their social contact is now at a minimum, soon turning into isolation, a wall. Alcohol or drugs may be sought out for a release since they are obsessively working "by the book". They often have feelings of being without hope or direction.

– **Obvious Behavioral Changes**

Coworkers, family, friends, and other people that are in their immediate social circles cannot overlook the behavioral changes of this person.

– **Depersonalization**

Losing contact with themselves, it's possible that they no longer see themselves or others as valuable. As well, the person loses track of their personal needs. Their view of life narrows to only seeing in the present time, while their life turns to a series of mechanical functions.

– **Inner Emptiness**

They feel empty inside and to overcome this, they might look for activity such as overeating, sex, alcohol, or drugs. These activities are often exaggerated.

– **Depression**

Burnout may include depression. In that case, the person is exhausted, hopeless, indifferent, and believe that there is nothing for them in the future. To them, there is no meaning of life. Typical depression symptoms arise.

– **Burnout Syndrome**

They collapse physically and emotionally and should seek immediate medical attention. In extreme cases, usually only when depression is involved, suicidal ideation may occur, with it being viewed as an escape from their situation. Only a few people will actually commit suicide.

2.1.13 Burnout as social problem or medical diagnosis

The “medicalization” of burnout is intertwined with recent debates about whether burnout should be considered as exhaustion, and no more. This “exhaustion-only” view has been expressed by both some researchers and some practitioners. Most scientific research uses the three-dimensional description of exhaustion, cynicism, and inefficacy that is implied in the Maslach Burnout Inventory (MBI–Maslach and Jackson, 1981). The MBI clearly

dominates the field: by the end of the 1990s it was used in 93 per cent of the journal articles and dissertations (Schaufeli and Enzmann). Although meanwhile some alternative burnout instruments appeared the scene, such as the Copenhagen Burnout Inventory (Kristensen et al., 2005) and the Oldenburg Burnout Inventory (Demerouti et al., 2002), the MBI remains the "gold standard" to assess burnout. Practically speaking, the concept of burnout concurs with the MBI, and vice versa. Despite the supremacy of the MBI in scientific research, a debate among scholars on the nature of burnout continues. This debate revolves around two interrelated issues: the dimensionality of burnout and its scope. Some critics maintain that rather than being a multi-dimensional phenomenon, burnout is essentially equivalent to exhaustion (Pines and Aronson, 1981; Kristensen et al., 2005; Shirom and Melamed, 2005). For those in favor of the one-dimensional view, exhaustion is the one and only hallmark of burnout. Although theoretically speaking various aspects of exhaustion have been identified – for instance, physical, emotional, and mental exhaustion (Pines and Aronson, 1981), or physical and psychological exhaustion (Kristensen et al., 2005), or physical fatigue, emotional exhaustion, and cognitive weariness (Shirom and Melamed, 2005) – self-report measures inevitably produce one single overriding exhaustion factor. Champions of the exhaustion-only perspective argue that constructs that emerge inductively from factor-analyses – like the MBI – are conceptually inferior to constructs derived from theoretical frameworks. This criticism ignores the iterative process through which Maslach and her colleagues developed the MBI through extensive, in-depth interviews (Maslach and Schaufeli, 1993). This conceptual work produced items reflecting a three-dimensional construct that was confirmed statistically. The insistence of contrarily-minded researchers to label exhaustion as burnout reflects the power of the metaphor. Chronic exhaustion – physical or mental –is a legitimate label for problems encountered by many people within or outside the working world. However, there is no scientific reason to

use the term, burnout, when to exhaustion only. But burnout is such a catchy metaphor, reflecting a broad cultural experience that it is difficult to relinquish. Hence, our view is that reducing burnout to mere exhaustion boils down to putting new wine (burnout) in very old bottles (workplace fatigue).

The diagnostic strategy uses an independently established burnout diagnosis as an external criterion to establish cut-off points. For example, Schaufeli et al. (2001) used

neurasthenia, as defined in the International Classification of Diseases (ICD-10, 1994) as the equivalent of severe burnout (see also below). According to the ICD-10, a neurasthenic diagnosis (code F43.8) requires:

- Persistent and increased fatigue or weakness after minimal (mental) effort;
- At least two out of seven distress symptoms such as irritability and inability to relax;
- The absence of other disorders such as mood disorder or anxiety disorder.

In Sweden the ICD-10 burnout diagnosis was introduced in 1997, soon after which it became one of the five most common diagnoses and the one that showed the sharpest increase, particularly within the public sector (Friberg, 2006:72). "Burnout" was initially diagnosed according to the ICD-10 – which was translated into Swedish in

1997. The ICD-10 is the officially used diagnostic tool in Swedish health care, without a formal ICD-10 diagnosis the person is not eligible for financial compensation in case of sick-leave or disability. In the ICD-10 diagnostic system burnout (code Z73.0) is placed in the category "problems related to life management difficulty" and loosely described as "a state of vital exhaustion", without further elaboration. This, of course, leaves much room for interpretation for medical professionals. For that reason, in 2005 the Swedish National Board of Health and Welfare has added the "exhaustion disorder" (*utmattningssyndrom*) to the national version of the ICD-10 (code F43.8). Its criteria are:physiological or mental

symptoms of exhaustion for at least two weeks, an essential lack of psychological energy, and symptoms such as difficulties to concentrate, decreased ability to cope with stress, irritability or emotional instability, sleep disturbances, muscle pain, dizziness or palpitations. These symptoms have to occur Burnout every day during a two-week period and must cause significant suffering with impaired work capacity. Finally the symptoms must not be related to other psychiatric diagnosis, substance abuse, or medical diagnosis. In a somewhat similar vein, in The Netherlands in the 1990s, practice guidelines for assessing and treating stress-related disorders in occupational and primary health care were issued by the Royal Dutch Medical Association in 2000 (Van der Klink and van Dijk, 2003). The diagnostic classification of these guidelines distinguishes between three levels of stress-related disorders:

- Distress (i.e. relatively mild symptoms that lead to only partly impaired occupational functioning);
- Nervous breakdown (i.e. serious distress symptoms and temporal loss of occupational role).
- Burnout (i.e. work-related neurasthenia and long-term loss of the occupational role).

Clearly, "burnout" is defined as an end-stage. For both less severe conditions traditional Dutch terms are used spanningsklachten and overspannenheid, respectively). Particularly the connotation of the latter term (literally "overstrain") comes very close to the Anglo-Saxon "burnout". The practice guidelines recommend the use of the clinically validated cut-off points of the MBI as a diagnostic tool for assessing stress-related disorders in occupational and primary health care. Thus, the definition of "burnout" varies with its context and the intentions of those using the term. Although the three-dimensional definition that is implied in the MBI has achieved almost universal acceptance in research, some apply the term to simple exhaustion. Furthermore, professionals with a psychological

background tend to see burnout as a continuous phenomenon, whereas those with a medical background tend to see burnout dichotomously. To the former, burnout is a form of chronic distress that results from a highly stressful and frustrating work environment, whereas for the latter it is a medical condition. Although not necessarily at odds, both types of practitioners refer to slightly different things when referring to burnout.

It has been maintained that the popularity of burnout in North America lies in the very fact that "burnout" is a non-medical, socially accepted label that carries a minimum stigma in terms of a psychiatric diagnosis (Shirom, 1989). Paradoxically, the reverse seems to be true in Europe: burnout is very popular because it is an official medical diagnosis that opens the gates of the welfare state with its compensation claims and treatment programs.

2.1.14 Burnout and Engagement

Originally, burnout was defined as a negative state of mind, albeit that one of its three constituting elements – reduced professional efficacy – was measured with positively worded items that were reversed to constitute a negative scale. A broader, more positive perspective emerged in the mid-1990s when Maslach and Leiter (1997) rephrased burnout as an erosion of a positive state of mind, which they labeled engagement. According to Maslach and Leiter (1997) the burnout process starts with the wearing out of engagement, when "energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into ineffectiveness". Accordingly, engagement is characterized by energy, involvement and efficacy – the direct opposites of the three burnout dimensions. By implication, engagement is assessed by the opposite pattern of scores on the three MBI scales: unfavorable scores are indicative for burnout, whereas favorable scores are indicative for engagement. By rephrasing burnout as an erosion of engagement with the job the entire range of employee well-being is covered by the MBI running from the positive pole (engagement) to the negative pole (burnout).

2.1.15 Intention to leave

The construct was first described by Porter and Steers (1973) as a factor in workplace dissatisfaction. Intention to leave was then the subject of research scrutiny to identify influencing factors. Initially, early researchers such as Mobley (1977) explored job satisfaction as the primary motivator. Other intrinsic factors included job values (identified by Lee & Mowday, 1987), while extrinsic factors such as balancing work and family (Netemeyer, Boles & McMurrian, 1996), and workplace bullying (Quine, 1999) were explored. Relationships also emerged among the factors identified within intention to leave (Barak et al., 2001).

Intent to leave has been in a variety of health care and nurse specialist. Most of the researches in this field were carried out in acute care hospital setting. It has paid attention on identifying the factors that contribute to intent to leave such as job satisfaction, job stress and burnout (Dansile, 2004).

Research interest in nurses' intention to leave the profession intensified during a period of global shortages of nurses early in the twenty-first century which remained for some years.

Flinkman et al. (2008) and Black et al. (2010) found that the majority of nurse graduates were not practising their profession as bedside nurses, and that this led to the global shortage of hospital nurses. Again in the United States, Stone et al. (2006) ascertained that working conditions influenced nurses' intention to leave their profession.

In an international study of employees, Jamal (2010) compared significant numbers of workers' experiences in Canada, China, Malaysia and Pakistan. Jamal found that overall job stress: work overload, conflict, ambiguity and resource inadequacy, were significantly related to burnout and intention to leave in each of these countries.

In Middle Eastern literature, Lebanese nurses' intention to leave was studied by El-Jardali, Dimassi, Dumit, Jamal and Mouro (2009) in the context of a highly non-national nurse

ratio who also intended to leave the country. El-Jardali et al. (2009) cautioned that high nurse turnover compromised quality of care and resulted in work overload for the remaining nurses. Compromised quality of care through failure to retain nurses in Saudi Arabia was confirmed by Almalki, Fitzgerald and Clark (2012). Abualrub and Alghamdi (2012) and Al-Ahmadi (2009) found that supervisor support influenced Saudi nurses' intention to leave, and this was also the case for nurses in Kuwaiti hospitals (Alotaibi, 2008). Ramady (2013) noted the lack of status in poorly paid and sub professional nursing roles for Saudi women and especially Saudi men. Mahran and Al-Nagshbandi (2012) also reported that Saudi nurses may face professional discrimination by other healthcare professionals. To address discrimination, the Saudi Ministry of Health improved nurse education through university qualifications only.

2.1.16 Burnout and Intention to leave correlation

There is a positive relationship between employee job satisfaction levels, turnover and intention to leave among nurses (Chen et al., 2008). McCarthy et al. (2007) argued that as the overall nurse job satisfaction increases so does the intention to remain employed. Nurses who perceive high levels of job satisfaction are more intent to stay in the nursing profession as opposed to nurses with low perceived levels of job satisfaction. As noted, Applebaum et al. (2010) and Ma et al. (2009) established a significant direct relationship between nurses' job satisfaction and turnover intention.

However, Barak et al. (2001) found that factors leading to intention to leave were not personal or related to the family responsibilities; they were organisational or job-based and therefore management was capable of addressing issues in the workplace to prevent turnover.

The study of Hasan M., et al. (2012), the purpose of the present research is to investigate the moderating effect of demographic variables on the relationship between job burnout

and its consequences among the staff of an Iranian public sector company. In this research, job burnout is considered as independent variable; organizational commitment, intention to leave and the employees- job satisfaction are dependent variables; and the age, gender, marital status and educational level are moderating variables. The results of this study show that firstly, the job burnout of employees in organizations leads to the decrease of organizational commitment and job satisfaction, and the increase of intention to leave; secondly, the demographic variables in this research don't effect on the relationship of job burnout with its consequences.

In Germany, Kozak et al., (2013) investigated personal burnout among 409 staff working with intellectual disabilities using the German version of the Copenhagen Psychosocial Questionnaire. Using multiple regressions, Kozal et al. found that work–privacy conflict, emotional demands, role conflict, job insecurity and feedback were related to personal burnout. Intention to leave was significantly linked to higher levels of personal burnout, while low personal burnout was related to greater job satisfaction and better health.

An individual's intent to leave the job has been identified as an outcome of burnout (Cooper et al., 1998). Several studies identified through the literature considered the relationship between burnout and intent to leave the job using descriptive , correlation , regression , path analysis , or structural equation modeling to examine the data (Aiken et al ,2002 ;Armstrong-Stassen et al ,1993 ; Gower & Finlayson ,2002 ; Janseen et al , 1999; Kalliath et al , 2000; Lake , 1998 ; Lee & Ashworth ,1996 ; Shelledy et al , 1992) .

2.1.17 Strength and Limitations of Studies Reviewed

The majority of the studies used Maslach Burnout Inventory to measure burnout in nurses allowing for comparisons between studies to be made.

The cross-sectional design of the survey does not allow us to establish a causal relationship between the variables investigated by means of study-specific questionnaire and the prevalence of burnout.

No standardized interviews were conducted to establish actual diagnoses of burnout and its three dimensions' and the intention to leave.

However ,the terms burnout and emotional exhaustion are sometimes used interchangeably (Aiken et al ., 2001) which can result in confusion when attempting to review and to compare studies. In addition, emotional exhaustion was sometimes used as a proxy for the concept of burnout (Kalliath et al.,2000), as opposes to using all three subscales developed by Maslach and Jackson (1986),to conceptualise burnout .

2.1.18 Criticism of the Maslach Burnout Inventory

Reviewing 35 years of use of the scale, Schaufeli, Leiter and Maslach (2009) reported that the burnout concept appeared to develop within broad socio-economic development at the end of the last century, as industrialisation evolved into a service economy. Schaufeli et al. posited that psychological pressures built during this social transformation that may appear as burnout. Despite its global presence, the concept of burnout differs between countries, either as a medical diagnosis or a social phenomenon without a medical interruption.

Another criticism to this inventory, Maslach Burnout Inventory focus on the belief that emotional exhausation in nurses in response to emotional demand made by patients. Resrach literature suggests that emotional exhaustion appears to arise in response to organizational or work related variables rather than those related to caring for patients (Duquette et al. ,1993) .

2.1.19 The Present Research Philosophy

To ascertain the burnout level and predictors, the researcher examined the possible association between individual differences and areas of work life among nurses working in oncology /hematology in Palestinian hospitals. Researchers have shown that burnout results from a "problematic relationship" among the individual and his or her work environment; thus, from this research, six key areas of work life were identified as predictors of poor job-person fit (Leiter & Maslach, 2011). More elaboration well be explained in chapter three.

2.2 Conceptual framework

The conceptual framework established for this study is considered a multivariate paradigm that aimed to explore and predicted both two core elements of the research, burnout and intention to leave. Burnout and intention to leave among oncology/hematology nurses in Palestinian hospitals in this research mainly depend on Ajzen and Fishbein's (1980) Theory of Reasoned Action (intention to leave) and Maslach Burnout Inventory (1996) burnout model.

2.2.1 Intention to leave

Ajzen and Fishbein's (1980) Theory of Reasoned Action has been used by several studies in its original or modified form (Micheals and Spector, 1982; Prestholdt et al, 1987). Underlying the theory is the assumption that people use available information in a reasonable and rational way to arrive at a behavioral decision such as leaving the job. Prestholdt et al (1987) tested the Theory of Reasonable Action in a sample 885 nurses in the United States and found that the best predictor of intention to leave was attitude. Ajzen and Fishbein's (1980) described attitude as a set of beliefs regarding behavior, and the outcome behaving in that way. However, the majority of studies exploring intent to leave the job have not include beliefs regard the behavior (turno`1ver), rather they focused on

identifying work related attitudes such as job satisfaction which may predict intent to leave the job (Lack, 1998; Prestholdt et al , 1987) .

2.2.2 Maslach Burnout Inventory

Maslach Burnout Inventory assessed professional burnout in three areas: emotional exhaustion, depersonalization and personal accomplishment. Emotional exhaustion refers to an individual being worn-out of his or her emotional resources. This construct is regarded as the main stress component of burnout (Maslach et al., 2001).

Depersonalization refers to negative detached responses to fellow employees. This construct is representative of burnout's interpersonal component (Maslach et al., 2001). Finally, reduced personal accomplishment relates to an individual's decline in competitive productivity and represents an individual's self-evaluation component of burnout (Maslach, 2001).

This theory was the multidimensional model, proposed by Maslach & Leiter (1997), that posits that burnout is a product of the mismatch between individuals and six characteristics of the individual's perceived fit to the work setting: workload, control, reward, community, fairness, and values (Maslach, 2003b; Maslach, Schaufeli, & Leiter, 2001). Maslach & Leiter proposed this theory in an attempt to answer how an individual fits with his or her occupation.

In efforts to establish a theoretical model that most succinctly describes the relationship individuals have with his or her work environment, Maslach & Leiter (2011) first reviewed the enormity of research done on burnout and organizational correlates. This review led to six distinct domains that an individual struggles with: workload, control, reward, community, fairness, and values (Leiter & Maslach, 2011). According to Leiter & Maslach workload and control "are reflected in the Demand-Control model of job stress". Additionally, the aspect of reward "refers to the power of reinforcements to shape

behavior" (Leiter & Maslach 2011).The area of community "captures all of the work on social support and interpersonal conflict" and the area of fairness is reflected by research on "equity and social justice" (Leiter & Maslach, 2011). Lastly, values represent "the cognitive-emotional power of job goals and expectations" (Leiter & Maslach, 2011). Additionally, Maslach & Leiter (2010) conducted surveys and interviews of over 10,000 individuals in numerous different countries, among a variety of occupations to obtain their normative sample for the AWS. The researchers discovered a model that describes how an individual matches to his or her job; thus mismatches lead to burnout, whereas matches lead to engagement (Maslach et al., 2001). Due to the complexities in the development of the burnout syndrome, this theoretical model explores the six domains of the work environment and the perceived fit the individual has with his or her work environment (Maslach & Leiter 1997). Moreover, this framework has implications for practical interventions as both organizations and individuals can assess which area of work life to improve upon (Maslach & Leiter 2010). For example, an individual struggling with workload can distribute the workload to others or employers can reassign staff to assist with increasing job demands.

According to Maslach et al., (2001) a job person fit model takes into consideration individual and interpersonal aspects in the development of burnout. Moreover, according to Maslach and Leiter (1997) individuals respond in various ways to burnout as a result of their individual differences which supports their fit with their work environment despite the presence of organizational characteristics that is stress inducing . After reviewing Ajzen and Fishbein's (1980) Theory of Reasoned Action and Maslach Burnout Inventory (1996) burnout model. The researcher originated the following new model of burnout and intention to leave. This model was divided into four parts (Burnout as primary outcome and intention to leave as a final output, contributing factors which are socio-demographic and organizational.

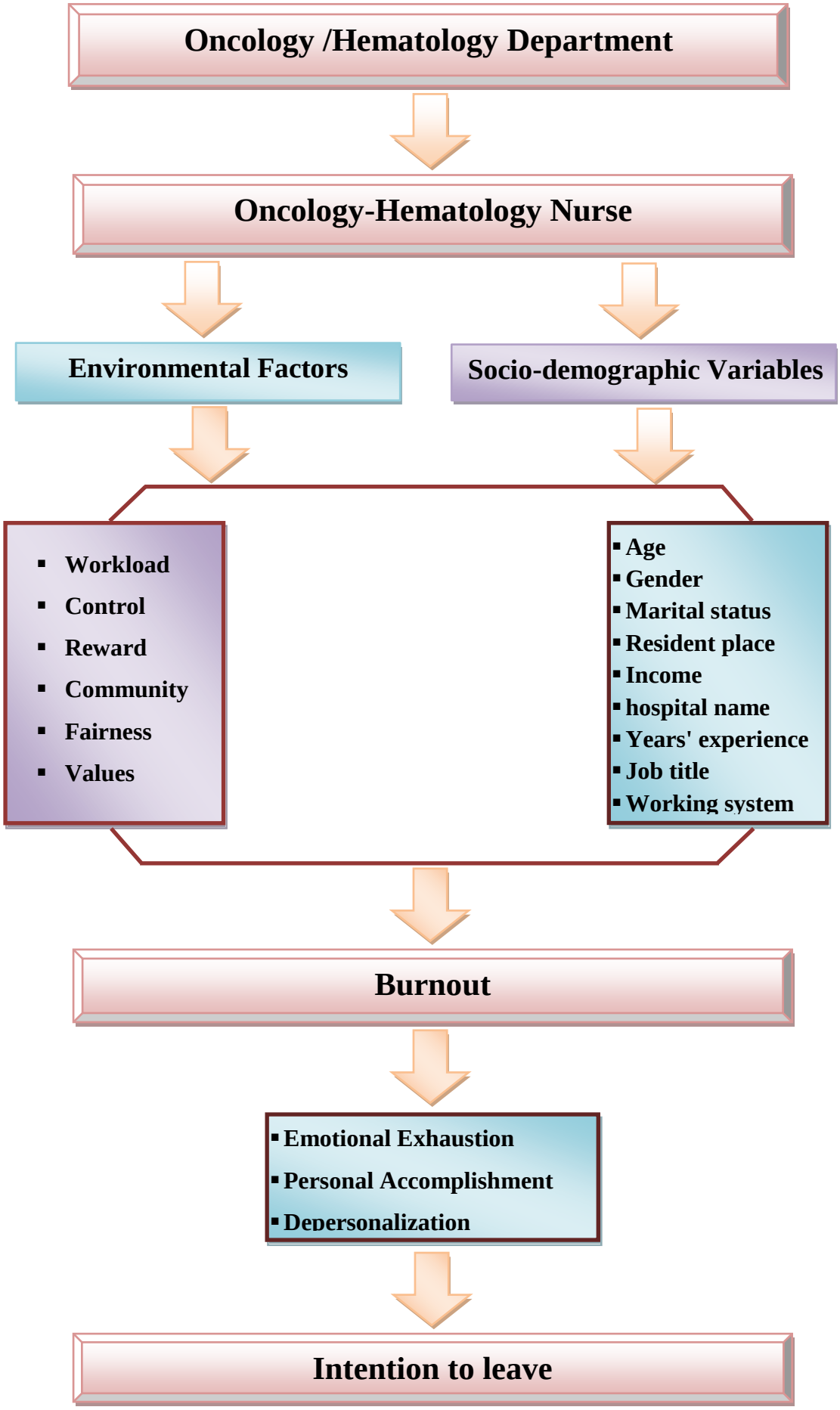


Figure 2.2: Conceptual Framework-Self developed

2.3 Operational definition

2.3.1 Definition of Burnout

The dislocation between what people are and what they have to do, representing an-erosion in values, dignity, spirit, will, and the erosion of the human soul (Maslach, Jackson & Leiter, 1996**).**

- Freudenberger defined the physical signs of burnout as follows: "There is feeling of exhaustion and fatigue, being unable to shake a lingering cold, suffering from frequent headaches and gastrointestinal disturbances, sleeplessness and shortness of breath" (1974: 160).
- Pines and Maslach (1978), researchers at the University of California, Berkeley, have written extensively on burnout, and have defined it as "a syndrome of physical and emotional exhaustion involving the development of negative self-concept, negative job attitudes, and loss of concern of feelings for clients". They defined it as a three dimensional concept characterized by:
    - Depersonalisation or negative shift in responses to others.
    - A decreased sense of personal accomplishment
    - Physical, mental and emotional exhaustion.

For the purpose of this study, I will choose the definition (a syndrome of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes and loss of concern and feeling for clients (Pines & Maslach, 1978).

Operational use of burnout : Maslach and Jackson's 1984Maslach's Burnout Scale.

2.3.2 Definition of Intention to Leave

It is an internal perception of the probability that the nurse will terminate employment with the organization (Price & Mueller, 1981). It refers to individual perception rather than

behavior and is seen as a contemplative stage linking the attitudinal component of job satisfaction with the behavioral component of turnover (Alexander et al 1998). Another definition is 'The degree of individual movement across the membership boundary of a social system' (Price, 1977).

Operational use of intention to leave: subscale of intention to leave or intention to stay items from Kim, Price, Mueller and Watson's (1996) career intent scale.

2.3.3 Hematology /Oncology Department:-

The diagnosis, treatment and prevention of blood diseases (hematology) and cancer (oncology) and research into them. Hematology-oncology includes such diseases as iron deficiency anemia, hemophilia, and sickle cell disease, the thalassemia, leukemia's and lymphomas, as well as cancers of other organs.

Oncology/ Hematology Nurse:

Hematology nurse is trained to care for patients with blood diseases and disorders. They may also assist with blood transfusions, blood tests, research, and chemotherapy (Discovernursing, 2014).

Oncology nurse is specialized in treating and caring for people who have cancer (Discovernursing, 2014).

Chapter (3) Methodology

This chapter covers the following topics: the information about the study design, study population, study sample, eligibility criteria, period of the study, questionnaire design, pilot study, data collection process, data process, content validity and reliability.

3.1 Study design

A descriptive correlation (cross-sectional) design was selected as a design for the current study. It involves the collection of data at one point in time. It is appropriate for describing the status of the phenomena (Burnout and intention to leave) or for describing relationships among phenomena at fixed point in time. The purpose of this design is to observe, describe, and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development, therefore this design was used to identify level of burnout and intention to leave among Palestinian oncology / hematology nurses. The advantages of this type of study design are that it is straightforward, relatively inexpensive, and could be conducted quickly. Thus, this type of design facilitated the completion of this study. The disadvantage to this type of design is that it cannot determine causation between burnout and other factors, only correlation.

3.2 Study population

The study population included all Palestinian nurses working at oncology / hematology departments.

3.3 Sample and Sampling Technique

A convenience sampling method (censuses method) was used to recruit the participants. This method of sampling in tails using all nurses who working in oncology / hematology

departments which mean the sample represent all the population of the study .The total population is 214 nurses.

3.4 Period of the study

The study was conducted in Feb 2015 through Feb 2016; the researcher prepared the proposal. Then the researcher constructed the questionnaire in December 2015 after final decision from expert committee. In January 2015, ethical approval from Palestinian Ministry of Health was obtained. Pilot study was done in Jan. 2015 in bite Jala hospital (Adult OH departments) then data collection was done in February 2016 after doing the changes in instrumentation.

One week for data entry and analysis. After the result of pilot study the researcher started the research process, writing the research results and discussion were done in the end of April 2016.

3.5 The Foundation of the Research

In this study, the researcher used questionnaire to collect the data. The questionnaire consists of questions concerning the perception and sources of burnout dimensions and intention to leave the nursing department.

To ascertain the burnout level and predictors, the researcher examined the possible association between individual differences and areas of work life among nurses working in oncology/ hematology in Palestinian hospitals. Researchers have shown that burnout results from a "problematic relationship" among the individual and his or her work environment; thus, from this research, six key areas of work life were identified as predictors of poor job-person fit (Leiter & Maslach, 2011). In this study, I used survey

research. The surveys were cross-sectional with data collected at one point in time using self-administered questionnaires (Table 3.1).

Table 3.1 Overview of Quantitative Research Design

Purpose	Questionnaire
To ascertain the level of burnout experienced by oncology hematology nurses	Administered the MBI-HSS
To ascertain the organizational risk factors of burnout	Administered the AWS
To ascertain the level of intention to leave	Administer intention to leave scale
To ascertain the individual differences that may contribute to burnout.	Administered a demographic Questionnaire

3.6 Survey Instruments

3.6.1 The Maslach Burnout Inventory – Human Services Survey

The MBI-HSS was used to assess burnout in the study participants (Maslach, Jackson, & Leiter, 1996). This instrument is the most commonly used instrument in burnout research among human service occupations (Angerer, 2003).

Moreover, the MBI-HSS is considered the "measure of choice" in burnout studies as it has proven to be a reliable and valid measure (Aguayo et al., 2011; Angerer, 2003, Maslach, 2001).

The MBI-HSS is a 22-item scale that is used to assess the three dimensions of Burnout: emotional exhaustion (nine items), depersonalization (five items), and personal accomplishment (eight items; Aguayo et al., 2011). Participants responded to these three subscales on a 7-point Likert scale ranging from 0 never to 6 every day (Maslach, 2001).

The emotional exhaustion subscale is used to measure participants' feelings of being overly extended by his or her work and their level of emotional exhaustion (Maslach et al., 1996).

An example of the survey item measuring emotional exhaustion is I feel emotionally drained from my work (Maslach et al., 1996). The depersonalization subscale is used to measure participants' feelings of detachment towards recipients in the care, treatment, or services extended toward the recipient (Maslach et al., 1996). An example of the survey item measuring depersonalization is working with people all day is really a strain for me (Maslach et al., 1996).

Response bias can be guarded against by informing participants that all answers should be given honestly and all data will be held strictly confidential (Maslach et al., 1996).

3.6.1.1 Reliability and validity of the MBI-HSS:-

The MBI-HSS is considered a reliable and valid instrument in assessing burnout (Maslach et al., 1996). In a sample of 1,316, Cronbach's coefficient alpha was moderate to excellent for emotional exhaustion (.90), depersonalization (.79), and personal accomplishment (.71; Maslach et al., 1996). The standard error of measurement for the subscales was 3.80 for emotional exhaustion, 3.16 for depersonalization, and 3.73 for personal accomplishment (Maslach et al., 1996). In longitudinal studies, researchers have also noted that the MBI-HSS has been found to have a "high degree of consistency" among each of the subscales, which does not differ significantly in time from a month to a year (Maslach et al., 1996, p. 12). Test-retest reliability over a 2-week period for 53 graduate students and health agency administrators was .82 for emotional exhaustion, .60 for depersonalization, and .80 for personal accomplishment (Maslach et al., 1996). For a sample of 248 teachers tested 1 year

apart, the test-retest reliability was .60 for emotional exhaustion, .54 for depersonalization, and .57 for personal accomplishment (Maslach et al., 1996).

Discriminate validity of the MBI-HSS was obtained by researchers who distinguished the MBI-HSS from other measures of various psychological domains that might confound with experienced burnout (Maslach et al., 1996). For example, the MBI-HSS was used in conjunction with the Job Diagnostic Survey (JDS) for 91 human service workers, and measures on the item "general job satisfaction" of the JDS showed a moderate negative correlation with emotional exhaustion ($r = -.23$, $p < .05$) and depersonalization ($r = -.22$, $p < .02$) and a slightly positive correlation with personal accomplishment ($r = .17$, $p < .06$; Maslach et al., 1996, p. 15). Discriminant validity for response bias was also conducted using the MBI-HSS and the Social Desirability Scale (SD), and Maslach et al. (1996) indicated that there was no significant correlation of the subscales with the SD scale ($p < .05$). Researchers who have used the MBI-HSS have shown that it is an informative instrument. The ability of this instrument to assess the construct of burnout, coupled with the established reliability and validity, was the reason this instrument was chosen for this study.

3.6.2 The Areas of Work life Survey

The AWS was used to evaluate participants perceptions regarding the qualities of the occupational setting that play a role in determining whether participants experience burnout or engagement with work (Leiter & Maslach, 2012). The AWS was used in conjunction with the MBI-HSS to assess the six areas of the work environment that influence burnout or its antithesis, engagement (Leiter & Maslach, 2012). The AWS is a short survey instrument with confirmed reliability and validity among various work-related settings (Leiter & Maslach, 2012).

The The AWS contains 28 items making up six separate subscales: workload (five). control (four), reward (four), community (five), fairness (six), and values (four; Leiter & Maslach, 2011). The AWS consists of a 5-item Likert scale from strongly disagree (1), 3 (hard to decide) to strongly agree (5; Leiter & Maslach, 2011). Items on each scale have positively worded items and negatively worded items (Leiter & Maslach, 2011). Scoring is reversed for negatively worded items; thus, items marked 1, 2, 3, 4, or 5 are scored 5, 4, 3, 2, or 1 (Leiter & Maslach, 2011). A high score, which denotes a good job person fit, on the AWS is considered greater than 3.00; whereas, a mismatch in job person fit is a score lower than 3.00 (Leiter & Maslach, 2011). A score of 1 is considered a strong mismatch between the participant and his or her work; whereas, a score of 5 denotes a strong match between the participant and his or her work (Leiter & Maslach, 2011). The scores on the AWS are not combined for an overall score (Leiter & Maslach, 2011).

The AWS is often used in conjunction with the MBI to assess the job-person fit, where a poor job-person fit is a risk factor that leads to burnout. The AWS is consistently highly correlated with the three burnout domains of the MBI-General Survey (Leiter & Maslach, 2011). Scores on the AWS that are positive are negatively correlated with emotional exhaustion and depersonalization (Leiter & Maslach, 2011). Positive scores on the AWS are positively correlated with personal accomplishment (Leiter & Maslach, 2011). Moreover, emotional exhaustion is more narrowly correlated with workload than depersonalization or personal accomplishment, and emotional exhaustion is more significantly correlated to workload than any other subscale on the AWS (Leiter & Maslach, 2011). This ability shows that the AWS is a valid instrument in describing the demand and resource aspects of an individual's perceptions of his or her work environment (Leiter & Maslach, 2011). Example survey items include: I do not have time to do the

work that must be done and my values and the organization's values are alike (Leiter & Maslach, 2011).

The AWS is also a self-administered survey; the AWS is also a useful instrument for organizations to utilize as it allows organizations to ascertain the problem areas in the occupational setting which allows for interventions geared toward enhancing engagement (Leiter & Maslach, 2012).

3.6.2.1 Reliability and validity of the AWS:

The AWS has been shown to be both a reliable and valid measures of job-person fit (Leiter & Maslach, 2011). Correlations of test-retest reliability have shown that there is a "strong level of consistency" of the AWS subscales "over time" (Leiter & Maslach, 2011, p. 17). Correlation results range in size from .51 to .62 (Leiter & Maslach, 2011). The test-retest correlations remain high if the relationship with one's occupation does not differ between testing; however, there is room for variations if the participant's relationship with his or her work changes between testing (Leiter & Maslach, 2011).

The validity of the AWS was ascertained through qualitative analysis utilizing1,443 participants' written comments and comparing those comments with items on the AWS (Leiter & Maslach, 2011). Strong correlations existed between the comments and the items on the scale to which the comments were most directly related (Leiter & Maslach, 2011). For example, workload on the ward (participant comment) was negatively associated with workload (-.14; Leiter & Maslach, 2011).

3.6.3 Intent to Leave Scale

Intent to leave was assessed by using a 1-item scale. Item was used from studies by Price and Mueller 1981, Cammann et al., 1983, with wording changed to reflect the respondents' opinions about their likelihood of leaving the oncology/hematology to another ward.

3.6.4 Demographic Questionnaire

A demographic questionnaire was given to study participants to determine individual characteristics. The following questions were age ,gender , marital status , residency place , name of hospital where the participant work , working system (A,B,C shifts) , income , and level of education .

Table 3.2 Burnout and Intention to Leave Scores

Meaning for Current Research

In the present research, the researcher adapted 5-lickert scale since it's more easy for participants and recommended by the expert committee, the following table explain the interpretation of results :-

1-2.33	**Low Lev el**
2.34-3.66	**Mild Level**
3.67-5	**High Level**

3.7 Research Setting

- Beit Jala Governmental Hospital
- Augusta Victoria Hospital.
- Al-Watani governmental hospital/ Nablus
- An-Najah National University
- Al-Shifa Hospital ,Gaza
- Al-Rantisi hospital, Gaza .
- European Gaza hospital (EGH)/ Khan Younis Governorate

3.8 Eligibility Criteria

3.8.1 Inclusion Criteria

Inclusion criteria for the nurses who registered and eligible and working in oncology hematology, day care chemotherapy treatment departments at least one year.

3.8.2 Exclusion criteria

Exclusion criteria for the nurses who aren‘t registered, volunteers or working less than one year in oncology, hematology departments in Palestinian hospitals .

3.9 Pilot study

A pilot study for the questionnaire was conducted before collecting the results of the sample. Validation of the instrument proceeded in two distinct phases. The initial phase involved a group of referees and five expert arbitrators who provided some comments on the tool. The second phase involved the implementation of a pilot study (N=20) Beit Jala Hospital (adult oncology hematology ward) to validate the survey using exploratory factor analysis. Factor loading for all items exceeded 0.55 (0.60 to 0.76), which meant that those items were suitable to measure each item of burnout level scores and its sources among Oncology/Hematology nurses in Palestinian hospitals, as indicated in Table Nos. 3.3

The reliability was tested using Cronbach's Alpha coefficient to ascertain reliability and consistency of the survey. Cronbach's Alpha for the survey instrument was 0.90 and 0.83 for the source of burnout and level of burnout respectively, indicating very good reliability and consistency, as indicated in the following tables.

Table 3.3: Factor analysis of source of burnout scale

No.	Items	Extraction
1.	I have enough control in my job	0.64
2.	The volume of work carried out by commensurate with my abilities and my ambitions	0.62
3.	There is enough scope of authority and powers available to me to perform my ambitions	0.66
4.	Officers at work gives me authorization to make decisions related to work	0.71
5.	I have sometimes an opportunities to participate in making some decisions	0.73
6.	I can go to my supervisor when I'm having a problem	0.60
7.	Colleagues doesn't help me (and everyone else) when needed	0.67
8.	Official relations prevalent in the work environment	0.60
9.	Personal conflicts prevent workers harmony	0.64
10.	There is no coordination and joint cooperation between colleagues in different departments.	0.60
11.	I do not feel socially belong to my colleagues and my work place	0.60
12.	I work intensely for prolonged periods of time.	0.60
13.	I feel tired at the end of working hour	0.60
14.	I have so much work to do on the job that it takes me away from my family interests.	0.64
15.	I could not attend social events because of the workload	0.66
16.	I am responsible at the same time for several duties or tasks not related to each others	0.65
17.	Sometimes the tasks assigned to me complex or difficult	0.60
18.	I suffer from overload of patients and poor workplace design	0.66
19.	I feel depressed and restless during my tasks for the practical	0.63
20.	Asks me to perform acts contrary to the values and principles that I carry	0.66
21.	My job involves the performance of work may satisfy some officials do not	0.60
22.	I feel the presence of the control of party loyalty on social relationships	0.60
23.	Culture and values prevailing in my work does not make me feel satisfy and belonging to my work.	0.71
24.	I work under the policies and laws that contradict my values	0.63
25.	There are opportunities for moral incentives (message of thanks)	0.65
26.	My salary proportional to my own performance in a practical field .	0.61
27.	Allowances that I get in my work motivate me and linked to performance	0.67
28.	My work gives me a satisfactory social status	0.67
29.	Give incentives to work motivate innovation and creativity	0.68
30.	There is recognition of my efforts and my work by supervisors	0.73
31.	Administration seeks always to give us new skills through training	0.60
32.	Opportunities are decided solely on merit	0.60

Follow table 3.3

No.	Items	Extraction
33.	There are effective appeal procedures available when I question the fairness of a decision	0.60
34.	Management treats all employees fairly	0.64
35.	Favoritism determines how decisions are made at work	0.60

Table 3.4: Factor analysis of level of burnout scale

No.	**Items**	**Extraction**
1.	I feel emotionally drained from my work	0.60
2.	I feel used up at the end of the workday	0.60
3.	Working with patients all day is really a strain for me	0.64
4.	I feel burned out from my work	0.75
5.	I feel frustrated by my job	0.71
6.	I feel I'm working too hard on my job	0.60
7.	Working with patients directly puts too much stress on me.	0.60
8.	I feel I treat some clients as if they were impersonal 'objects	0.65
9.	I've become more callous toward people since I took this job	0.76
10.	I worry that this job make me tough emotionally	0.60
11.	I don't really care what happens to some patients	0.63
12.	I feel patients blame me for some of their problems	0.60
13.	I can easily understand how my patients feel about my profession	0.65
14.	I feel I'm positively influencing other people's lives through my profession	0.60
15.	I feel very energetic	0.68
16.	I can easily create a relaxed atmosphere with my patients	0.70
17.	I feel exhilarated after working closely with my patients	0.69
18.	I deal very effectively with the problems of my patients	0.60
19.	1 have accomplished many worthwhile things in this job	0.60

Table 3.5: Reliability of source of burnout and burnout level scale

Scale	**No. of items**	**Cronbach's Alpha**
Source of burnout	35	0.90
Level of burnout	19	0.83
Total degree	55	0.92

3.10 Ethical Issues

Al-Quds University research and ethical committee approved the study (see Appendix). Permission to gain access to nurses was facilitated by units' nursing directors and gained from the hospital administration provisionally. Informed consent will be obtained from all nurses. Nurse's participation is completely voluntary and nurses will be assured that their responses would be confidential, and only aggregated data would be communicated.

3.11 Response rate

Two hundred and thirty questioners were delivered to seven hospitals in the West Bank, Jerusalem and Gaza Strip. 214 were returned. The response rate is 92%.

3.12 Data collection

Data were collected by using questioner distribution in nurses who work in OH departments in Palestinian hospital in west bank and Jerusalem by researcher himself. In relation to Gaza strip questioners were collected by researcher assistant team and resent questioners by Al-Quds University/ Gaza branch.

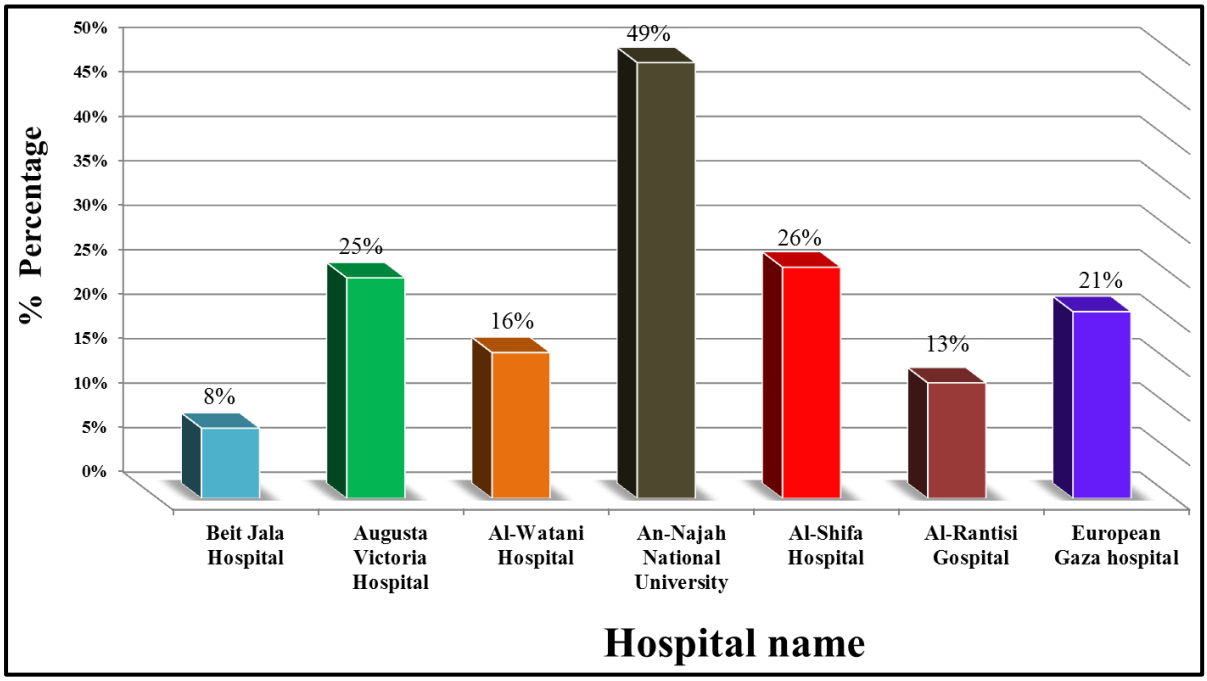


Figure (3.1): Respondents Rate according hospital name

3.13 Data Analysis

- The data from the completed surveys were coded and entered into an SPSS program.
- The questionnaire items were rated on a 1–5 Likert scale (1=strongly disagree, 2=disagree, 3=neither, 4=agree and 5=strongly agree), in the negative questions the highest score indicated a high level of burnout while the inverse codes was given for positive questions. Descriptive statistics gauged level of burnout scores and its sources among the sampled population. The statistical techniques were measured: Regression, T-test, one way analysis of variance, Cronbach's Alpha, and Factor Analysis.
- A descriptive statistical analysis of the quantitative data was used. Cronbach's alpha coefficient was used to examine internal coherence and reliability of each sub scale of job Satisfaction Index.
- Univariate analysis will be used to examine factors (personal characteristics, context characteristics and job satisfaction and burn out factors) associated with intention to leave. Multiple logistic regression models were used to identify which factors can predict intention to leave.

Chapter (4) Results and Discussion

In this chapter the researcher will present the main findings of the study, its socio-demographic results, the burnout level and its three subscales and sources and the results of the intention to leave.

This chapter will answer the following questions:

- What is the level of burnout and intention to leave among Palestinians nurses working in oncology\hematology units?
- Is there a relationship between socio-demographic variables and burnout Level among Palestinians nurses working in oncology\hematology units?
- Is there a relationship between work environment variables and burnout Level among Palestinians nurses working in oncology\hematology units?
- Is there a relationship between burnout and intention to leave?

4.1 Socio-demographic results of the study population

Show in table 4.1 descriptive results of the socio-demographic variables. The population consisted of (214) male and female nurses. All work in the Oncology /hematology departments in the targeted Palestinian hospitals.

Table 4.1: The demographic characteristics of the sample

Characteristics	No. of respondents (n)	(%)
Gender		
Male	99	46.3
Female	115	53.7
Place of Residence		
City	97	45.3
Village	85	39.7
Camp	32	15.0
Marital Status		
Single	35.0	75
Married	65.0	139

Follow Table 4.1

Characteristics	No. of respondents (n)	(%)
Educational level		
Diploma	52	24.3
Bachelor	139	65.0
Higher diploma	13	6.1
Master and above	10	4.7
Department of participants		
Oncology	83	38.8
Haematology	39	18.2
Oncology & haematology paediatric	23	10.7
Day care	17	7.9
Oncology & haematology adult	52	24.3
Hospital name		
Beit Jala Governmental Hospital	17	7.9
Augusta Victoria Hospital	53	24.8
Al-Watani Governmental Hospital/Nablus	35	16.4
An-Najah National University	49	22.9
Al-Shifa Hospital – Gaza	26	12.1
Al-Rantisi Gospital-Gaza	13	6.1
European Gaza hospital -Khanyuness	21	9.8
Job title		
Head nurse	16	7.5
Staff nurse	151	70.6
Practical nurse	47	22.0
Working system		
A shift only	67	31.0
Mix shifts (A, B, C)	147	68.7

The demographic breakdown of the participants was as follows: age, years of experience in nursing, years of experience in oncology/h ward, monthly income, and gender, place of residency, marital status, educational level, hospital name, job title, and working system. In total, the population consisted of 214 participants. The respondents' age was between 21 and 55 years (M 30.80 SD 8.05) while their years of experience in oncology /h ward were between 1 and 26 years (M 4.63 SD 4.53). The females represented 53.7% of the

participants while the males 46.3%. The population was drawn from seven hospitals in the West Bank and Gaza Strip of which staff nurse represented 70.6%, 22% practical nurse and the remaining 7.5% were head nurse. The majority (65%) of the participants was married; and well educated as well (65% bachelor). Half (45.3%) of the participants came from urban areas, 39.7% from rural areas, while the remaining 15% from refugee camps. The participants in their mix shifts (A, B, C) were the largest group in terms of working system 68.7%, while the remaining 31.3% of the participants had A-shifts only, as indicated in Table 4.1.

4.2 Burnout sub-scales levels results:

The mean score of burnout as experienced by the participant population was at mild level (M 2.86 SD 0.53). The study observed that almost (57.2%) of Oncology/Hematology nurses in Palestinian hospitals had an average level of burnout, as indicated in table 4.2.

Table No. 4.2 showed the results of burnt out three subscales as follows: emotional exhaustion 69.4% (M 3.47 SD .84), reduced personal accomplishment 53.3% (M 2.67 SD 0.37) and depersonalization 45% (M 2.25 SD .87).

The findings revealed the indicators of burnout were ranked in descending order as follows: I feel I'm working too hard on my job (M 4.03 SD 0.86); I am worried this job is hardening me emotionally (M 2.80 SD 1.34). However, the participants felt that they had positively affected people's lives through their job (M 4.06 SD 0.77), as indicated in tables 4.3 & 4.5.

Table 4.2 Burnout level sub-scales total score

Sub-scale	N	Mean*	Std. Deviation	Percent %
Emotional exhaustion	214	3.47	0.84	69.4
Reduced personal accomplishment	214	2.67	0.37	53.4
Depersonalization	214	2.25	0.87	45.0
Total degree	214	2.86	0.53	57.2

Nearly seventy percent 69.4% of the total population reported emotional exhaustion; half of population 53.4% reported reduced personal accomplishment, while 45.0% reported depersonalization.

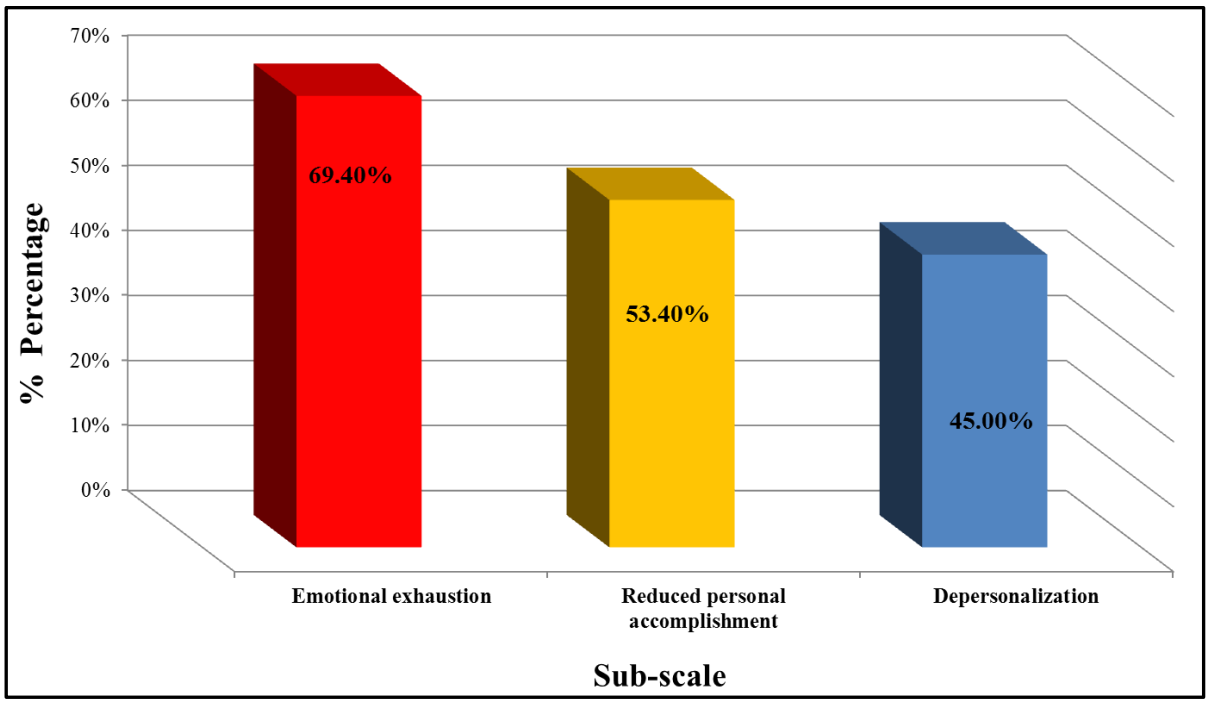


Figure (4.1): Burnout level sub-scales

Table 4.3: The indicators of emotional exhaustion sub-scale ranked in a descending order

Indicators of emotional exhaustion	Mean*	Std. Deviation	Percent %
I feel I'm working too hard on my job	4.03	0.86	80.6
I feel used up at the end of the workday.	3.67	1.11	73.4
Working with Patients directly puts too much stress on me	3.54	1.10	70.8
I feel emotionally drained from my work	3.34	1.21	66.8
I feel frustrated by my job	3.34	1.20	66.8
Working with patients all day is really a strain for me.	3.29	1.13	65.8
I feel burned out from my work.	3.15	1.24	63.0

*Mean out of 5 points.

The majority of the population expressed they worked too hard (I feel I'm working too hard on my job) (M 4.03 SD 0.86) and nearly three quarters felt they were used up (I feel used up at the end of the workday) (M 3.54 SD 1.11).

Table 4.4: The indicators of depersonalization sub-scale ranked in a descending order

Indicators of depersonalization	Mean*	Std. Deviation	Percent %
I worry that this job is hardening me Emotionally	2.80	1.34	56.0
I feel patients blame me for some of their problems	2.49	1.17	49.8
I feel I treat some patients as if they were impersonal 'objects	2.19	1.21	43.8
I don't really care what happens to some patients	1.92	1.08	38.4
I've become more callous toward people since I took this job	1.91	1.04	38.2

*Mean out of 5 points.

56% of the participants stated that the job make them emotionless towards their patients, even worse 43.8% of them reported they treat their patients as impersonal objects while 38% mentioned they have become callous.

Table 4.5: The indicators of reduced personal accomplishment sub-scale ranked in a descending order

Indicators of reduced personal accomplishment	Mean*	Std. Deviation	Percent %
I feel I'm positively influencing other people's lives through my profession	4.06	0.77	81.2
I deal very effectively with the problems of my patients	3.84	0.86	76.8
I can easily understand how my patients feel about my profession	3.81	0.85	76.2
I have accomplished many worthwhile things in this job.	3.74	0.97	74.8
I can easily create a relaxed atmosphere with my patients	3.61	1.01	72.2
feel exhilarated after working with my patients	3.56	0.99	71.2
I feel very energetic	3.51	1.01	70.2

*Mean out of 5 points.

In terms of personal accomplishment, the majority of the participants indicated self-satisfaction and comfort of their profession as indicated in the table above.

4.3 Sources of job burnout

The most common dimension of the sources of burnout for the nurses working in oncology/hematology departments in Palestinian hospitals, the researcher calculated the means and standard deviations, percentage weights for each dimension of this measure and the total measure, as shown in the following table 4.6:

Table 4.6: Source of burnout sub-scales total score ranked in a descending order

Sub-scale	N	Mean*	Std. Deviation	Percent %
Lack of positive reinforcement	214	3.38	0.90	67.6
Work pressure	214	3.29	0.77	65.8
Fairness	214	3.07	0.83	61.4
Conflict of values	214	2.72	0.84	54.4
Social relationships	214	2.56	0.59	51.2
Power of labor	214	2.42	0.72	48.4
Total Degree	214	2.95	0.54	59.0

*Mean out of 5 points.

Table No. 4.6 showed the weight of each work life survey scales. The percentage weight of each sub scales among OHN reached 59.0%. The significant source of burnt out was lack of positive reinforcement (M 3.38 SD 0.90); 54.4% considered value conflict as a fourth element of burnt out sources. The less source of burnout among was the power of labor.

Results of the Six Areas of Work life Survey Scales (sources of burnout):

4.3.1 Indicators of social positive reinforcement (Reward)

Table Nr. 4.7 described the indicators of social positive reinforcement sub-scale. Reward: is the recognition of contribution on the job either financially or socially (Leiter & Maslach, 2011). More than half of the participants agreed their administrations introduced them to new training skills and recognized their work. However, 44.6% of them were not happy with the salary paid to them as it did not correspond to their performance.

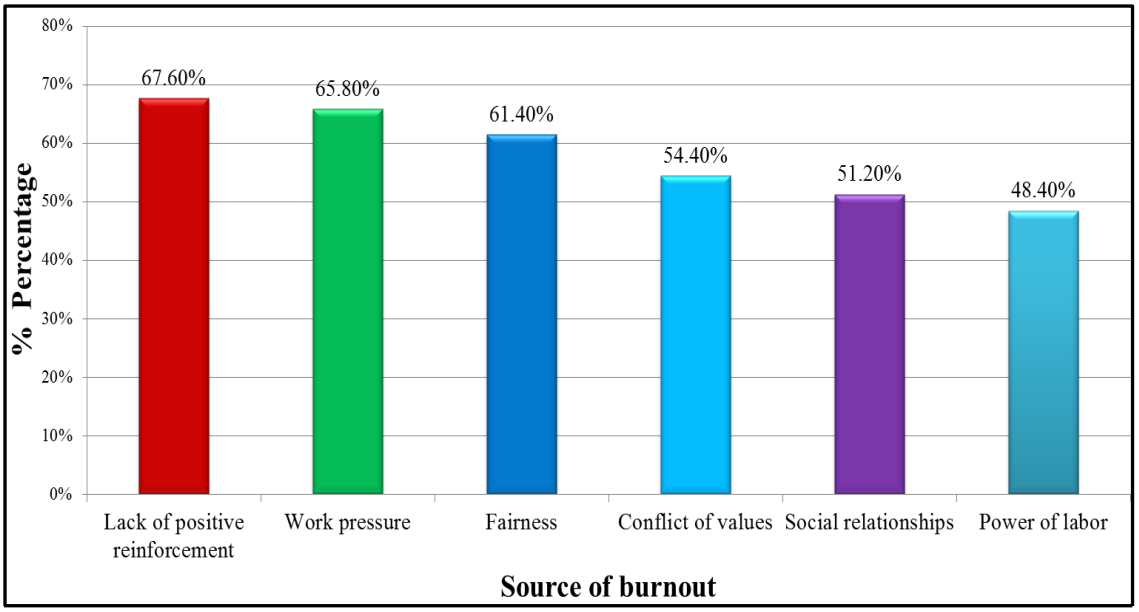


Figure (4.2): Source of burnout sub-scales total score ranked in a descending order

Table 4.7: The indicators of social positive reinforcement sub-scale ranked in a descending order

Indicators of social positive reinforcement	Mean*	Std. Deviation	Percent %
Administration seeks always to give us new skills through training	3.21	1.25	64.2
My work gives me a satisfactory social status	3.12	1.14	62.4
There is recognition of my efforts and my work by supervisors	2.64	1.23	52.8
There are opportunities for moral incentives (message of thanks)	2.51	1.33	50.2
My salary not is equal and rewarding regarding to my work load	2.30	1.19	46.0
Give incentives to work motivate innovation and creativity	2.30	1.19	46.0
Allowances that I get in my work stimulating and linked to performance	2.21	1.10	44.2

*Mean out of 5 points.

4.3.2 Work pressure (workload)

The table No. 4.8 describes the indicators of work pressure sub-scale.

Workload:-The amount of work to be done in a given time (Leiter & Maslach, 2011). 74.4% of the participants indicated the highest mean item at work pressure is "I could not attend social events because of the workload" and 66.8% of them forced to delay their work because of work pressure. The lowest mean item (56%) is "Sometimes the tasks assigned to me are complex or difficult), which is still larger from conceptual midpoint.

Table 4.8: The indicators of work pressure sub-scale ranked in a descending order

Indicators of work pressure	Mean*	Std. Deviation	Percent %
I could not attend social events because of the workload	3.72	1.11	74.4
I suffer from congestion reviewers and poor workplace design	3.71	1.15	74.2
I'm having difficulty getting time off to rest.	3.43	1.15	68.6
Forced the delay in the work or the completion of some of my work	3.34	1.27	66.8
That is part of my job to prevent my duties for the family	3.30	1.19	66.0
I feel depressed and restless during my tasks for the practical	3.12	1.20	62.4
I feel tired at the end of working hours	2.97	1.18	59.4
Sometimes the tasks assigned to me complex or difficult	2.80	1.11	56

*Mean out of 5 points.

4.3.3 Fairness: is the extent to which the organization has consistent and equitable rules for everyone (Leiter & Maslach 2011). The results showed that more than half of the participants reported that there was lack of fairness on the decision making process, development opportunities and managements of the staff.

Table 4.9: The indicators of fairness ranked in a descending order

Indicators of fairness	Mean*	Std. Deviation	Percent %
Favoritism determines how decisions are made at work	3.26	1.28	65.2
There are effective appeal procedures available when I question the fairness of a decision	3.22	1.16	64.4
Opportunities are decided solely on merit	2.97	1.24	59.4
Management treats all employees fairly	2.75	1.21	55.0

*Mean out of 5 points.

4.3.4 Conflict of values: values are what are important to the organization and to its members (Leiter & Maslach, 2011). The participants expressed the existence of conflict in their working environment. 65.8% expressed that their job may include medical tasks that satisfy or don't satisfy officials at work, 56.4% confirmed the effects of the political affiliation on their work whilst 56% percent don’t feel comfortable because of the working

cultural. Nearly half of them reported that they work under policies and laws that contradict their values, as indicated in the table below.

Table 4.10: The indicators of conflict of values sub-scale ranked in a descending order

Indicators of conflict of values	Mean*	Std. Deviation	Percent %
My job includes medical tasks that satisfy or don't satisfy officials at work	3.29	1.04	65.8
I feel the presence of the control of party loyalty on social relationships	2.82	1.20	56.4
Culture and values prevailing in my work don't make me feel comfortable	2.80	1.15	56.0
I work under policies and laws that contradict my values.	2.39	1.12	47.8
Sometimes managers asks me to perform tasks contrary to my values and principles	2.32	1.12	46.4

*Mean out of 5 points.

4.3.5 Social relationships: The quality of an organization's social environment (Michael P Leiter & Christina Maslach2011). 62% of the participants reported that the official relations is dominant at their working environment and almost 50% of them revealed there was no cooperation between their colleagues with other departments and 45% had no support from their colleagues when needed, as indicated in table 4.11.

Table 4.11: The indicators of social relationship sub-scale ranked in a descending order

Indicators of social relationship	Mean*	Std. Deviation	Percent %
Official relations prevalent in the work environment	3.14	1.06	62.8
Personal conflicts prevent workers harmony	3.14	1.10	62.8
There is no coordination and joint cooperation between colleagues in different departments.	2.63	1.02	52.6
I do not feel socially Be longer to my colleagues and my work place	2.29	1.04	45.8
Not extend colleagues help me (and everyone else) when needed	2.29	1.07	45.8

*Mean out of 5 points.

4.3.6 Power of labor: Power of labor is the opportunity to make choices and decisions, to solve problems, and to contribute to the fulfillment of responsibilities,(Leiter & Maslach2011) . Most of the participants are satisfied with their power of labor (79.2%) as most of them agreed that they have freedom of performing their nursing care and assignments.

Table 4.12: The indicators of power of labor sub-scale ranked in a descending order

Indicators of power of labor	Mean*	Std. Deviation	Percent %
I have enough control in my job	3.96	0.88	79.2
The volume of work carried out by commensurate with my abilities and my ambitions	3.73	1.02	74.6
I have sometimes an opportunities to participate in making some decisions	3.49	0.97	69.8
officers at work gives me authorization to make decisions related to work	3.45	1.05	69.0
There is enough scope of authority and powers available to me to perform my ambitions	3.24	1.08	64.8

*Mean out of 5 points.

4.4 Differences between burnout level and demographic variables

The researcher used statistical significant differences at the degrees of burnout of the nurses who worked at ONH departments in the Palestinian hospitals according to the following demographic characteristics: gender, age, marital status, educational qualification, and years of experience, area of living and monthly income.

4.4.1 Gender:

In relation to gender, the differences were in the sub-scale reduced personal accomplishment, male have higher(reduced personal accomplishment) in (M 2.45 SD 0.93) compared to (M 2.09 SD 0.79) for the females: T-test value was (2.984 P=0.003), as indicated in table 4.13.

Table 4.13: T-test for the differences in burnout level scores among Oncology/ Hematology nurses in Palestinian hospitals according to gender

Sub-scale	Gender	N	Mean*	Std. Deviation	Df	T-value	Sig.
Emotional exhaustion	Male	99	3.51	0.84	212	0.607	0.545
	Female	115	3.44	0.85			
Reduced personal accomplishment	Male	99	2.45	0.93	212	2.984	0.003
	Female	115	2.09	0.79			
Depersonalization	Male	99	2.69	0.35	212	0.819	0.414
	Female	115	2.65	0.39			
Total degree	Male	99	2.93	0.55	212	1.852	0.065
	Female	115	2.79	0.51			

4.4.2 Marital status

In terms of marital status, the differences were in the sub-scale reduced personal accomplishment. The married participants have higher (reduced personal accomplishment) (M 2.34 SD 0.91) compared to (M 2.09 SD 0.78) for singles: T-test value was (-2.009 P=0.046), as indicated in table 4.14.

Table 4.14: T-test for the differences in burnout level scores among Oncology/ Hematology nurses in Palestinian hospitals according to marital status

Sub-scale	Marital status	N	Mean*	Std. Deviation	Df	T-value	Sig.
Emotional exhaustion	Single	75	3.47	0.84	212	-0.079	0.937
	Married	139	3.48	0.85			
Reduced personal accomplishment	Single	75	2.09	0.78	212	-2.009	0.046
	Married	139	2.34	0.91			
Depersonalization	Single	75	2.69	0.40	212	0.544	0.587
	Married	139	2.66	0.36			
Total degree	Single	75	2.82	0.52	212	-0.763	0.446
	Married	139	2.88	0.54			

4.4.3 Working System

For working system, the differences were in the sub-scale reduced personal accomplishment. Mix shifts (A, B, C) participants have (higher reduced personal

accomplishment) (M 2.35 SD 0.91) compared to the A-shifts only (M 2.03 SD 0.74): T.test value was (-2.712 P=0.007), as indicated in table 4.15.

Table 4.15: T-test for the differences in burnout level scores among Oncology/ Hematology nurses in Palestinian hospitals according to working system

Sub-scale	Working system	N	Mean*	Std. Deviation	Df	T-value	Sig.
Emotional exhaustion	A only	67	3.38	0.84	212	-1.056	0.292
	Mix	147	3.51	0.85			
Reduced personal accomplishment	A only	67	2.03	0.74	212	-2.712	0.007
	Mix	147	2.35	0.91			
Depersonalization	A only	67	2.63	0.33	212	-1.131	0.259
	Mix	147	2.69	0.39			
Total degree	A only	67	2.75	0.49	212	-1.987	0.048
	Mix	147	2.91	0.55			

4.4.4 Place of Residency

The findings revealed that place of residency does not indicate any significant difference, as indicated in table 4.16.

Table 4.16: One way analysis of variance for the differences in burnout level scores among Oncology/Hematology nurses in Palestinian hospitals according to place of residency

Sub-scale	Source	Df	Sum of squares	Mean square	F-value	Sig.
Emotional exhaustion	Between groups	2	2.089	1.044	1.459	0.235
	Within groups	211	150.987	0.716		
	Total	213	153.076	-----		
Reduced personal accomplishment	Between groups	2	0.925	0.463	0.599	0.550
	Within groups	211	163.013	0.773		
	Total	213	163.938	-----		
Depersonalization	Between groups	2	0.515	0.258	1.832	0.163
	Within groups	211	29.672	0.141		
	Total	213	30.187	-----		
Total degree	Between groups	2	0.716	0.358	1.248	0.289
	Within groups	211	60.573	0.287		
	Total	213	61.290	-----		

Table 4.17: The differences in burnout level scores among Oncology/Hematology nurses in Palestinian hospitals according to place of residency

Sub-scale	Place of residency	N	Mean*	Std. Deviation
Emotional exhaustion	City	97	3.47	0.82
	Village	85	3.56	0.86
	Camp	32	3.26	0.86
Reduced personal accomplishment	City	97	2.30	0.88
	Village	85	2.26	0.90
	Camp	32	2.10	0.77
Depersonalization	City	97	2.62	0.34
	Village	85	2.73	0.43
	Camp	32	2.67	0.26
Total degree	City	97	2.85	0.52
	Village	85	2.91	0.56
	Camp	32	2.74	0.46

4.4.5 Educational Level

The findings revealed that educational level do not indicate any significant difference, as indicated in table 4.18.

Table 4.18: One way analysis of variance for the differences in burnout level scores among Oncology/Hematology nurses in Palestinian hospitals according to educational level

Sub-scale	Source	Df	Sum of squares	Mean square	F-value	Sig.
Emotional exhaustion	Between groups	3	2.375	0.792	1.103	0.349
	Within groups	210	150.701	0.718		
	Total	213	153.076	-----		
Reduced personal accomplishment	Between groups	3	4.035	1.345	1.767	0.155
	Within groups	210	159.903	0.761		
	Total	213	163.938	-----		
Depersonalization	Between groups	3	0.293	0.098	0.687	0.561
	Within groups	210	29.894	0.142		
	Total	213	30.187	-----		
Total degree	Between groups	3	1.170	0.390	1.363	0.255
	Within groups	210	60.119	0.286		
	Total	213	61.290	-----		

Table 4.19: The differences in burnout level scores among Oncology/Hematology nurses in Palestinian hospitals according to educational level

Sub-scale	Educational level	N	Mean*	Std. Deviation
Emotional exhaustion	Diploma	52	3.53	0.87
	Bachelor	139	3.50	0.86
	Higher Diploma	13	3.21	0.66
	Master and above	10	3.12	0.62
Reduced personal accomplishment	Diploma	52	2.15	0.92
	Bachelor	139	2.34	0.87
	Higher Diploma	13	1.95	0.77
	Master and above	10	1.92	0.57
Depersonalization	Diploma	52	2.60	0.39
	Bachelor	139	2.69	0.38
	Higher Diploma	13	2.68	0.23
	Master and above	10	2.67	0.26
Total degree	Diploma	52	2.83	0.58
	Bachelor	139	2.90	0.53
	Higher Diploma	13	2.68	0.42
	Master and above	10	2.64	0.33

4.4.6 Hospital Name

Differences were found in the participant's hospitals. It was in Al-Watani Governmental hospital/Nablus participants in the sub-scale of emotional exhaustion (M 3.87 SD 0.95): F-value was (3.204 P=0.005), as indicated in table 4.20 & 4.21.

Table 4.20: One way analysis of variance for the differences in burnout level scores among Oncology/Hematology nurses in Palestinian hospitals according to the hospital name

Sub-scale	Source	Df	Sum of squares	Mean square	F-value	Sig.
Emotional exhaustion	Between groups	6	13.008	2.168	3.204	0.005
	Within groups	207	140.068	0.677		
	Total	213	153.076	-----		
Reduced personal accomplishment	Between groups	6	5.128	0.855	1.114	0.355
	Within groups	207	158.810	0.767		
	Total	213	163.938	-----		
Depersonalization	Between groups	6	0.757	0.126	0.888	0.505
	Within groups	207	29.430	0.142		
	Total	213	30.187	-----		
Total degree	Between groups	6	4.256	0.709	2.575	0.020
	Within groups	207	57.034	0.276		
	Total	213	61.290	-----		

Table 4.21: The differences in burnout level scores among Oncology/Hematology nurses in Palestinian hospitals according to the hospital name

Sub-scale	Hospital name	N	Mean*	Std. Deviation
Emotional exhaustion	Beit Jala Governmental	17	2.92	0.84
	Augusta Victoria	53	3.49	0.72
	Al-Watani Governmental/Nablus	35	3.87	0.95
	An-Najah National University	49	3.51	0.82
	Al-Shifa Hospital – Gaza	26	3.52	0.89
	Al-Rantisi Gospital	13	3.10	0.71
	European Gaza hospital	21	3.33	0.75
Reduced personal accomplishment	Beit Jala Governmental	17	2.04	0.57
	Augusta Victoria	53	2.30	0.92
	Al-Watani Governmental/Nablus	35	2.53	1.12
	An-Najah National University	49	2.27	0.88
	Al-Shifa Hospital – Gaza	26	2.05	0.60
	Al-Rantisi Gospital	13	2.13	0.70
	European Gaza hospital	21	2.13	0.82
Depersonalization	Beit Jala Governmental	17	2.55	0.33
	Augusta Victoria	53	2.72	0.32
	Al-Watani Governmental/Nablus	35	2.68	0.45
	An-Najah National University	49	2.72	0.45
	Al-Shifa Hospital – Gaza	26	2.63	0.33
	Al-Rantisi Gospital	13	2.60	0.35
	European Gaza hospital	21	2.59	0.19
Total degree	Beit Jala Governmental	17	2.55	0.52
	Augusta Victoria	53	2.89	0.50
	Al-Watani Governmental/Nablus	35	3.08	0.63
	An-Najah National University	49	2.89	0.54
	Al-Shifa Hospital – Gaza	26	2.81	0.45
	Al-Rantisi Gospital	13	2.66	0.39
	European Gaza hospital	21	2.74	0.48

Table No. 33 showed the higher mean score of **Emotional exhaustion scale** in Al-Watani Governmental/Nablus, An-Najah National University and Al-Shifa Hospital – Gaza, respectively; whilst the minimum score was in Beit Jala Governmental .

In terms of depersonalization scale, the highest score was in both Augusta Victoria and An-Najah National University. The lower mean score was in Beit Jala Governmental hospital.

Reduced personal accomplishment scale: Al-Watani Governmental/Nablus mean score was 2.53, Then An-Najah National University scored 2.27, while Beit Jala Governmental hospital reached 2.04.

4.4.7 Job Title

For job title, the differences were in the sub-scale of emotional exhaustion, the high level among the practical nurse (M 3.58 SD 0.85): F-value was (4.008 P=0.020), as indicated in table 4.22.

Table 4.23 indicated that reduced personal accomplishment sub-scale was higher among staff nurse and practical nurse. In relation to depersonalization, the high score among staff nurses then practical and finally among head nurses.

Table 4.22: One way analysis of variance for the differences in burnout level scores among Oncology/Hematology nurses in Palestinian hospitals according to job title

Sub-scale	Source	Df	Sum of squares	Mean square	F-value	Sig.
Emotional exhaustion	Between groups	2	5.602	2.801	4.008	0.020
	Within groups	211	147.474	0.699		
	Total	213	153.076	-----		
Reduced personal accomplishment	Between groups	2	1.920	0.960	1.250	0.289
	Within groups	211	162.018	0.768		
	Total	213	163.938	-----		
Depersonalization	Between groups	2	0.193	0.096	0.679	0.508
	Within groups	211	29.994	0.142		
	Total	213	30.187	-----		
Total degree	Between groups	2	1.687	0.844	2.987	0.053
	Within groups	211	59.602	0.282		
	Total	213	61.290	-----		

Table 4.23: The differences in burnout level scores among Oncology/Hematology nurses in Palestinian hospitals according to job title

Sub-scale	Job title	N	Mean*	Std. Deviation
Emotional exhaustion	Head nurse	16	2.91	0.77
	Staff nurse	151	3.50	0.83
	Practical nurse	47	3.58	0.85
Reduced personal accomplishment	Head nurse	16	1.93	0.56
	Staff nurse	151	2.29	0.88
	Practical nurse	47	2.23	0.93
Depersonalization	Head nurse	16	2.61	0.22
	Staff nurse	151	2.69	0.37
	Practical nurse	47	2.63	0.40
Total degree	Head nurse	16	2.54	0.41
	Staff nurse	151	2.88	0.52
	Practical nurse	47	2.87	0.58

4.4.8 Age of participants, years of experience in nursing, years of experience in oncology ward and monthly income:-

Findings indicated an inverse statistical significant correlation between the years of experience in nursing and the level of burnout sub-scales of reduced personal accomplishment and depersonalization among Oncology/Hematology nurses in Palestinian hospitals: Beta was (-0.492 P=0.009), (-0.505 P=0.008) respectively, as indicated in Table No. 36. Besides, no a statistical significant correlation was found between monthly income and the level of burnout, as indicated in table 4.24.

Table 4.24: Correlation between the Age of participants, years of experience in nursing, years of experience in oncology ward and monthly income level and burnout sub-scales nurses

Variables	Emotional exhaustion		Reduced personal accomplishment		Depersonalization		Total degree	
	Beta	Sig.	Beta	Sig.	Beta	Sig.	Beta	Sig.
age of participants	0.048	0.808	0.177	0.360	0.246	0.208	0.168	0.385
years of experience in nursing	-0.309	0.103	-0.492	0.009	-0.505	0.008	-0.522	0.006
years of experience in oncology ward	0.178	0.069	0.121	0.212	0.109	0.262	0.184	0.057
monthly income	-0.047	0.519	0.098	0.177	0.142	0.062	0.051	0.477

4.5 Intention to Leave Results

The following table showed almost 53% of the participants indicated their intention to leave the department "to another ward" (M 2.65 SD 1.43), as indicated in table 4.25.

Table 4.25: The intention to leave the department (to another ward) sub-scale total score

Sub-scale	N	Mean*	Std. Deviation	Percent %
The intention to leave the department (to another ward)	214	2.65	1.43	53.0

4.5.1 Intention to leave level differences among socio-demographic variables

The findings revealed the demographic variables do not indicate any significant difference in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals.

4.5.1.1 Gender

Table 4.26: T-test for the differences in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to gender

Gender	N	Mean*	Std. Deviation	Df	T-value	Sig.
Male	99	2.60	1.42	212	-0.505	0.614
Female	115	2.70	1.45			

4.5.1.2 Marital Status

Table 4.27: T-test for the differences in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to marital status

Marital status	N	Mean*	Std. Deviation	Df	T-value	Sig.
Single	75	2.75	1.48	212	0.725	0.469
Married	139	2.60	1.41			

*Mean out of 5 points.

4.5.1.3 Working system

Table 4.28: T-test for the differences in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to working system

Working system	N	Mean*	Std. Deviation	Df	T-value	Sig.
A only	67	2.37	1.50	212	-1.909	0.058
Mix	147	2.78	1.39			

*Mean out of 5 points.

4.5.1.4 Place of Residency

Table 4.29: One way analysis of variance the differences in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to place of residency

Source	Df	Sum of squares	Mean square	F-value	Sig.
Between groups	2	8.452	4.226	2.063	0.130
Within groups	211	432.263	2.049		
Total	213	440.715	-----		

Table 4.30: The intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to place of residency

Place of residency	N	Mean*	Std. Deviation
City	97	2.49	1.40
Village	85	2.89	1.41
Camp	32	2.47	1.54

*Mean out of 5 points.

Despite there is no significant statistical analysis (p-value >0.05), table 4.30 showed that the level of intention leave is higher among rural nurses than urban nurses.

4.5.1.5 Level of Education

Table 4.31: One way analysis of variance the differences in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to educational level

Source	Df	Sum of squares	Mean square	F-value	Sig.
Between groups	3	12.667	4.222	2.072	0.105
Within groups	210	428.048	2.038		
Total	213	440.715	-----		

Table 4.32: The intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to educational level

Educational level	N	Mean*	Std. Deviation
Diploma	52	2.35	1.42
Bachelor	139	2.81	1.44
Higher Diploma	13	2.08	1.38
Master and above	10	2.80	1.13

*Mean out of 5 points.

Despite there was no significant statistical analysis (p value more than 0.05), Table 4.32 showed the intention to leave is higher among Bachelor holder whilst the lower mean was higher among diploma, master and above educational degree.

4.5.1.6 Hospital Name

Table 4.33: One way analysis of variance the differences in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to the hospital name

Source	Df	Sum of squares	Mean square	F-value	Sig.
Between groups	6	11.727	1.955	0.943	0.465
Within groups	207	428.988	2.072		
Total	213	440.715	-----		

Table 4.34: The intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to the hospital name

Hospital name	N	Mean*	Std. Deviation
Beit Jala Governmental	17	2.08	1.25
Augusta Victoria	53	2.74	1.36
Al-Watani Governmental/Nablus	35	3.00	1.53
An-Najah National University	49	2.59	1.58
Al-Shifa Hospital – Gaza	26	2.31	1.28
Al-Rantisi Hospital	13	2.23	1.42
European Gaza hospital	21	2.48	1.36

*Mean out of 5 points

Despite there was no significant statistical analysis (p-value >0.05), the intention to leave mean was higher in Al-Watani Governmental/Nablus (M 3.00), then in A.V.H (M 2.74) and finally Beit Jala Governmental hospital.

4.5.1.7 Job Title

Table 4.35: One way analysis of variance the differences in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to job title

Source	Df	Sum of squares	Mean square	F-value	Sig.
Between groups	2	8.067	4.034	1.967	0.142
Within groups	211	432.648	2.050		
Total	213	440.715	-----		

Table 4.36: The differences in the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals according to job title

Hospital name	N	Mean*	Std. Deviation
Head nurse	16	2.38	1.36
Staff nurse	151	2.77	1.44
Practical nurse	47	2.34	1.40

*Mean out of 5 points

Despite there was no significant statistical analysis (p-value >0.05), the intention to leave mean was higher among staff nurses, then in head nurses and practical nurses.

4.5.1.8 Age of participants, years of experience in nursing, years of experience in oncology ward and monthly income

Table 4.37: Standarized regression for the correlation between: age of participants, years of experience in nursing, years of experience in oncology ward and monthly income and the intention to leave the department (to another ward) among Oncology/ Hematology nurses in Palestinian hospitals

Variables	Beta	Sig.
age of participants	-0.098	0.621
years of experience in nursing	-0.150	0.433
years of experience in oncology ward	0.131	0.185
monthly income	0.031	0.675

The table 4.37 above showed there was no significant value between intention to leave and age of participants, years of experience among nursing, oncology and income.

4.6 Intention to Leave and Burnout Relationship

The following table showed a statistical significant positive correlation was found between the intention to leave the department (to another ward) and burnout level scores among Oncology/Hematology nurses in Palestinian hospitals: Beta was (0.408 P=0.000), as indicated in table 4.38.

Table 4.38: Standardized regression for the correlation between the intention to leave the department (to another ward) and burnout level scores among Oncology/Hematology nurses in Palestinian hospitals

Variables	Beta	Sig.
The intention to leave the department (to another ward) and burnout level	0.408	0.000

4.7 Correlation between intention to leave and burnout level subscales

Table 4.39: Pearson correlation between burnout sub-scale scores and the intention to leave the department (to another ward) among Oncology/Hematology nurses in Palestinian hospitals

Variables	R-value	Sig.
Emotional exhaustion	0.389*	0.000
Reduced personal accomplishment	0.279*	0.000
Depersonalization	0.237*	0.000
Total degree	0.408*	0.000

The table 4.39 clarified the significant positive correlation between burnout subscales and intention to leave

Chapter (5) Discussion

This chapter presents the main findings of the study. It discusses the burnout levels and its sources in relation to the intention to leave level among OHN who work in the Palestinian hospitals.

5.1 Prevalence of Burnout

The study observed almost (57.2%) of OHN in the Palestinian hospitals had an average level of burnout, as indicated in tables 4.2. The sub-scale dimensions of burnout ranked from:

- **Emotional exhaustion** 69.4% (M 3.47 SD .84).
- **Reduced personal accomplishment 53.3**% (M 2.67 SD 0.37)
- **Depersonalization** 45% (M 2.25 SD .87).

The findings revealed the indicators of burnout were ranked in descending order as follows: I feel I'm working too hard on my job (M 4.03 SD 0.86); I am worried that this job is hardening me emotionally (M 2.80 SD 1.34); nevertheless, the participants feel they positively influence other people's lives through their profession (M 4.06 SD 0.77).

These findings were in consistent with previous studies such as Abu Shaikha and Saca-Hazboun (2009) studies. Both studies investigated job satisfaction and burnout among Palestinian nurses. Respondents reported moderate levels of job satisfaction and moderate burnout. The research on burnout among Lebanese nurses reported similar results as burn out was at moderate levels (Sabbah et al., 2012) .

The prevalence of burnout syndrome among Palestinian social workers in Gaza Strip was moderate (56.2%) (Alhajjar et al., 2012). A study conducted by Al Amassi A. (2007) in

Gaza Strip showed the total score of burnout percentage among nurses was (50%) and the work stress was (72%).

Abu Masoud (2010) conducted a study to examine the level of burn out among administrative employees at Ministry of Education and Higher Education and the directorates of education in Gaza Strip. It proved the employees suffered from an average level of burnout at the emotional exhaustion & depersonalization dimensions, and low level at the personal accomplishment aspect.

Whippen (1991) found 56% of oncologists in a US sample had experienced an episode of burnout at some stage during their career, with prevalence of burnout rising with increasing time spent in direct patient contact. Girgis et al, 2008 reported Australian oncology health professionals have high levels of [emotional] exhaustion that were present in 32.8% of participants with direct patient contact (DPC), and 26.7% of those with no direct patient contact (NDPC).

Significantly, the present research results on burnout level (56.4%) among OH Palestinian nurses are considered too much high score in comparison with other countries. A multi-country, cross-sectional study conducted in 10 European countries involving 23,159 nurses working in surgical and medical wards reported high levels of burnout among nurses in different countries: 42 % England, 22% Finland, Belgium 25 %, Germany 30%, Poland 40%, Ire-land 41%, Norway 24%, Spain 29%, Netherlands 10%, and Switzerland 15% (Heinen et al, 2013).

5.2 Sources of Burnout

This study examined the sources of burnout among OHN. The percentage weight of sources of burnout reached 59.0% (M 2.95 SD 0.54).

This means nurses suffered from work life environment survey at a mild degree. Lack of positive reinforcement represented the main source of burnout among the participants (M 3.38 SD 0.90), while power of labor was the least source (M 2.42 SD 0.72)

5.2.1 Lack of Positive Reinforcement

67.7 % of the OHN lacked of positive reinforcement. The findings of the present study supported previous research suggesting that rewarded and recognized for oncology /hematology are considered the most important elements in order to avoid burnout. Those who perceived respect and recognition are more likely to be satisfied with their job and to have a lower occurrence of burnout (Hoffman & Scott, 2003).

High level of burnout was found among governmental employees who perceived existence of a poor rewards system (Gabris & Ihrke, 2001). Reward mismatch is associated with a feeling of deprivation and was found predictive of burnout (Lieter & Masalch, 1999). When employees did not receive what they considered important in the work life, it caused burnout (Lieter & Maslach, 2011).

Nursing workforce output in health care system generally is high. OHN still considered the main 24 hour health care provider for the high and unlimited demand by patients (i.e. complaints and uncured disease such as Leukemia & Lymphoma) and their stressed families. Unfortunately they did not receive sufficient moral extrinsic rewards and recognition to their high efforts by their head nurses, official managers and other co-workers.

Nearly half of the study population reported that "their salaries are not equal and rewarding to their work load". The reward and positive reinforcement are considered important variables in the elevation of burnout level.

5.2.2. Work Load

This study emphasized there was a high correlation between work load and burn out. Two-thirds of the OHN suffered from high work pressure. These findings were in consistent with previous studies in which work load emerged as one of the most consistent stressors among employees (Greenglass et al., 2001). In a study by Brotheridge and Grandey (2002) perceived work demands, including frequency, duration, variety, and intensity of employee client interactions were positively related to burnout. Powell (1994) also found alienation is closely related to burnout.

Increased workload is also related to the actual patient volume, including extended shifts, overtime (often mandatory), many consecutive days of work, rotating shifts, and weekend work and on-call requirements. Working long hours have two serious consequences namely fatigue which are associated with increased risk of errors and the intention to leave the profession (Rogers et al., 2004).

Researchers had reported a correlation between heavy workloads, long working hours, and burnout in human service workers (Schaufeli & Enzmann, 1998; Winnubst, 1993). According to Maslach et al. (2001), workload is directly related to the exhaustion aspect of burnout. A mismatch in workload is usually due to an excessive workload where too many demands lead to exhausting the individual‘s energy (Maslach et al., 2001).

The present research findings are also confirmed by Paris and Hoge (2010). They reviewed the relevant research done over a 19 year span (1990-2009) among mental health employees. They found that work load was a contributing factor in the development of emotional exhaustion in several studies.

According to National Palestinian heath report 2014, there was a high occupancy rate and admission rate of oncology and hematology patients. New cases discovered each month

and at the same time still there is insufficient nursing team. For example, AL-Watni governmental hospital in Nablus city has 50 beds in its medical ward and still only run by 30 nurses.

The association of 12 h shifts and nurses' job satisfaction, burnout and intention to leave: findings from a cross-sectional study of 12 European countries find that Nurses working shifts of ≥12 h were more likely than nurses working shorter hours (≤8) to experience burnout . Dall'Ora et al 2016).

5.2.3 Fairness

Regarding fairness, 60% of the OHN expressed fairness is to be considered an essential predicator toward the occurrence of burnout. The present study provided strong evidence that fairness is central to the equity theory (Walster, Berscheid, & Walster, 1973). The theory posits that perceptions of equity or inequity are based on people's determination of the balance between their inputs (i.e., time, effort, and expertise) and outputs (i.e., rewards and recognition). This core notion of inequity is also reflected in the effort–reward imbalance model (Siegrist, 1996). Employees who perceived their supervisors as being both fair and supportive are less susceptible to burnout and are more accepting of major organizational change (Leiter & Harvie, 1997, 1998).

As mentioned, lack of positive reinforcement was the main factor related to burnout and the rewarding process is highly interrelated to fairness. Being fairly rewarded and recognized for contributions are important to nurses. Those who perceived respect and recognition are more likely to be satisfied with their job and to have a lower occurrence of burnout (Hoffman & Scott, 2003).

A study by Al-Zahrani (2011) established that management practices and perceptions of organizational justice influenced burnout among nurses in Saudi Arabia private hospitals.

The study found burnout is an effect of work stress and organizational justice minimized burnout levels among the nurses.

5.2.4 Conflict of values

Conflict value was the fourth ranking concerning burnout in the present study findings. The findings confirmed by Beverly (2005) and Elliott (1986) pointed out that among the causes of occupational burnout conflicting roles (home, family), value conflicts (personal / workplace values), meaninglessness of achieved goals (the success type of burnout) and social and emotional skills deficit.

The present study emphasized 46.4% of participants reported that they forced to perform acts that contradict their personal values. Also 56.4% confirmed the effects of the political affiliation on their work whilst 56 percent don't feel comfortable because of the work environment cultural. Nearly half of them reported that they work under policies and laws that contradict their values.

These findings could be related to the current Palestinian situation. Palestine is a country under the tight control of the Israeli occupation. This always generates negative humanitarian consequence on the Palestinian public (i.e. ongoing restrictions on movement, arrest & search operations, destruction of property, dead or injured people and settlers' violence).

Besides, the intra-Palestinian situation, the split between Gaza and the West Bank, the competition among the political parties and the economic situation. All of this created a weary Palestinian public. This explained why half of the participants considered political causes as one of the sources of their burn out. Nearly two thirds of participants reported that personal conflicts reduced harmony among nurses. Work overload and personal

conflict among workers lead to emotional exhaustion and made it difficult for these individuals to face another work day (Jaramillo, Mulki & Boles, 2011).

Consistently, Lieter and Maslach (1999) explained that the greater the overlap of values between employee and the organization, the better the employee will feel and perform. When the overlap is smaller, employees will have to make trade-off between the work they want to do and work they have to do. Value congruence enables employees to use recourses, company time and organizational reputation to pursue work that is important to the organization. It also allows employee to build on job expertise (Lieter & Maslach, 1999). When employee's values are aligned with company's mission, they look beyond the utilitarian exchange of money or promotion. The work becomes meaningful to them and they are willing to put in more effort and time (Lieter & Maslach, 2011).

Leiter et al. (2008) found value congruence could reduce burnout phenomenon. Several studies reported value incongruence as a cause of burnout (Siegall & McDonald, 2004; Lieter & Maslach, 2004; Leiter et al., 2008). Jamal (2010) compared significant numbers of workers' experiences in Canada, China, Malaysia and Pakistan. Jamal found that overall job stress: work overload, conflict, ambiguity and resource inadequacy were significantly related to burnout and intention to leave in each of these countries.

5.2.5 Social relationships

Nearly half of participants (51.2%) considered social relationship is the fifth source of burnout. The present study results are in line with many empirical studies that ensured the presence of a significant relationship between burnout and social support. Burnout researches focused on social support from coworkers and supervisors and have shown negative relationship of community with burnout (Cordes and Dougherty, 1993, Maslach

et al., 1997). Several studies also confirmed the presence of social support to help reduce level of burnout (Sand & Miyazaki, 2000; Houkes et al., 2001).

5.2.6 Power of labor

The present study reveals that power of labor among OHN is the last source of burn out. Most of the participants are satisfied with their power of labor (79.2%) as most of them agreed that they have freedom of performing their nursing care and assignments. OHN enjoys a good degree of participation to make choices and decisions to solve problems on one's job. An employee's ability to exercise professional autonomy, influence decisions and gain resources to do his/her job well contributes to the feeling of control (Leiter et al, 2010). Therefore, the last subscale work environment survey is considered the least important element in the present study.

5.3 Interaction of the Work life Environmental Survey

Research on this model explained the relationship between these six areas, as well as their relation to the three dimensions of burnout. Preliminary evidence suggested that the area of values may play a central mediating role for the other areas. Another possibility is that the weighting of the importance of the six areas may reflect an important individual difference. For example, some people might place a higher weight on rewards than on values, and thus might be more distressed by insufficient rewards than by value conflicts. It is not clear how much of a mismatch people are willing to tolerate, and this may depend on both the particular area of mismatch and the pattern of the other five areas. For example, people may be willing to tolerate a mismatch in workload if they receive praise and good pay, work well with their colleagues, and feel their work is valuable and important, and so on. Thus, the mismatches in these six critical areas of organizational life are not simply a list summarizing research findings from burnout studies. Rather, they provided a conceptual

framework for the crises that disrupt the relationships people developed with their work. This approach emphasizes the importance of looking at the person in context, in terms of his or her fit with the key domains of work life.

In the present study, the participants considered the relation between the lack of positive enforcement and the value. There is devaluation of the OHN and their performance. As a result, there is no positive social and financial recognition.

Demographic Characteristics and Burnout among OHN

In order to insight into burnout and its subscale level, let us elaborate its stages. There is little agreement on how the burnout develops and which stages are included (Bursich, 2006). Although most researchers agreed that burnout follows a process of stages, almost every author presumed a different stage order. However, the basic aspects of the burnout process can be resumed in the following stages (adapted from Burisch, 2006):

Stage 1: High workload, high level of job stress, high job expectations

- Job demands exceed job resources.
- The job does not fulfill one's expectations.

Stage 2: Physical / emotional exhaustion

- Chronic exhaustion; even higher energy investment in order to execute all job tasks; sleep disturbances, susceptibility to headaches and other physical pain.
- Emotional exhaustion; fatigue even when work comes only back to mind

Stage 3: Depersonalization / Cynicism / Indifference

- Apathy, depression, boredom
- A negative attitude toward the job, the colleagues and clients /service recipients /patients

- Withdrawal from the job, the problems; a reduced work effort

Stage 4: Despair / Helplessness / Aversion

- Aversion to oneself, to other people, to everything
- Feelings of guilt and insufficiency

5.3.1 Gender

The present study indicated the differences were in the sub-scale **reduced personal accomplishment**. The higher(reduced personal accomplishment) in male nurses (M 2.45 SD 0.93) compared to female nurses (M 2.09 SD 0.79) : T.test value was (2.984 P=0.003), as indicated in table 4.13.

Some studies showed burnout occurs more often among females than among males (Bakker et al., 2002; Poulin & Walter, 1993), while the opposite results were also found by others (Haque & Aslam, 2011; Price & Spence, 1994).

The complexities of gender as a predictor of burnout can be the result of a variety of factors. Specifically, gender roles and gender stereotypes may play a part in the development of burnout. For example, men may feel more pressure to provide for the family, whereas women may feel more pressure due to role conflict between work and

family life (Greenglass, 1991). Thus, individual responses to burnout may be a result of societal factors that influence the way a particular gender responds to the stressors of the work environment. In the present study, married nurses counted 65 % of the total population, so they are under double demand, family requirement and organization (hospital). Therefore, they pass through the first stage of burnout (emotional exhaustion), and fit into the second phase which is reduced personal accomplishment. Having a lot of responsibilities among the male Palestinian OHN social and private life could create added stressors that can lead to burnout. Many studies claimed a demanding family environment

cannot be neglected when examining the development of burnout (e.g., Peeters, Montgomery, Bakker & Schaufeli, 2005).

5.3.2 Marital status

In terms of marital status, the differences were in the sub-scale reduced personal accomplishment. The higher(reduced personal accomplishment) among married participants (M 2.34 SD 0.91) compared to (M 2.09 SD 0.78) for singles: T.Test value was (-2.009 P=0.046), as indicated in table 4.14.

The present study results were in consist with Sabbah et al (2012) who confirmed that married nurses were more likely to be burnt out. The present finding intersected with Gulalp, et al (2008) in which married participants had higher levels of reduced personal accomplishment and lower levels of emotional exhaustion and cynicism compared to single participants.

The present study findings were in contrast with Maslach (2003) who reported rates of burnout are higher among single workers and workers with no children than among married workers and those with children .

Ray and Miller (1994) found that mothers experienced more stress related to balancing work and home than did non mothers for nursing home nurses. Conversely, in a study examining County Extension agents, Fetsch and Kennington (1997) found that agents who have families with children in the home tended to report less burnout than those who did not have children. Thus, while children may produce an added burden in a person's life, they may also provide an important source of meaning, which may help protect human service professionals from burnout (Pines, 1993).

5.3.3 Working system

For working system, the differences were in the sub-scale reduced personal accomplishment. The higher (reduced personal accomplishment) among the mix shifts (A, B, C) participants (M 2.35 SD 0.91) compared to (M 2.03 SD 0.74) for the A-shifts only: T.test value was (-2.712 P=0.007), as indicated in table4.15.

This study replicated other published data of the negative association between working system and burnout. Indeed, night and rotating (day/night) shifts not only adversely affected the DP, and PA of the nurses but their physical status totally (Sabbah et al 2012).

The present study results were in line with the association of 12h shifts and nurses' job satisfaction, burnout and intention to leave. A cross-sectional study of 12 European countries found nurses working shifts of ≥12 h were more likely than nurses working shorter hours (≤8) to experience burnout. Palestinian hospitals still suffered from a shortage of nursing staff and this shortage would be reflected negatively on nurses who worked on evening and night shifts because the number of nurses in these shifts less than the number of nurses on A shifts. Furthermore, head nurses sometimes assigned a double shift for his nurses' team members in order to solve the problem of shortage.

In other study by Jaradat et al. (2010) researcher finding negative effects of rotating shift work on mental health were affected by job satisfaction: nurses reporting high job satisfaction did not report increased mental distress related to rotating shift work. Men reported significantly more cigarette smoking than did women, but this lifestyle behavior did not significantly affect mental distress; we did not record significant differences between any other lifestyle behaviours.

5.3.4 Place of residency

The findings of the present revealed place of residency didn't indicate any significant difference. It agreed with (Elamassi, 2007) and (Bawih, 2012) study who stated that there are no significant statistical differences in the burnout total score due to the place of residency.

5.3.5 Educational level

Surprisingly, the findings revealed that educational level does not indicate any significant difference. These findings were similar to previous studies' results. Abu Shaikha and Saca-Hazboun (2009) stated there was no statistical significance relationship between education level, job satisfaction and burnout.

A study conducted by Al Amassi A. (2007) in Gaza Strip proved that burnt out level was not affected by variables like sex, age, educational level, place of work, nurses experience. Al- Jamal study (2012) pointed out that there were no statistical significance differences in the respondents' answers according to educational qualification,

The present study contradicted other researches. According to Maslach et al. (2001) educational qualifications play a role in the development of burnout; higher levels of burnout are experienced by workers with higher levels of education. Patrick and Lavery (2007) found in a randomized survey of a sample of Victorian nurses that nurses who gained their qualification at a university experienced higher levels of emotional exhaustion and cynicism than hospital trained nurses.

In the present study, most of OH departments are governmental. So there is a little difference in the reward system according to the educational level. Regardless of the educational level, nurses appeared to be exposed to the same conditions, high work load and lack of positive reward.

5.3.6 Hospital name

The high level of burnout was found in Al-Watani Governmental/Nablus. Scored the high mean in sub-scale of emotional exhaustion (M 3.87 SD 0.95): F-value was (3.204 P=0.005). In Al-Watani Governmental hospital /Nablus, the lack of positive reinforcement mean was 2.61, work pressure mean was 2.84 and the highest score in the work life scale .

This is confirmed by Schaufeli and Bakker (2004) research on the presence of burnout is to be higher in the public sector than in the private. AL-Watani governmental hospital is considered as an overcrowded hospital with patients, no separation according to patient's diagnosis: only two medical departments: one for male and another for female patients.

Although Beit Jala hospital is a Governmental hospital achieved a lowest score in emotional exhaustion, depersonalization and personal accomplishment. This is due to the developed policies, investment in the man power and in the infrastructure of the departments. Moreover, the OH department in the hospital contained all the up-to-date health resources.

5.3.7 Job Title

For job title, the differences were in the sub-scale of emotional exhaustion. The practical nurses have high level of emotional exhaustion (M 3.58 SD 0.85): F-value was (4.008 P=0.020). The possible explanation of this is the rotation of shifts, long hours of double shifts, low salaries in comparison with staff nurses and head nurses and low power of labour. This study replicated other researches about negative association between working shifts and burnout (Harwood et al 2010) and (Koivula 2000). A recent study conducted in 12 European countries found that nurses working shifts of ≥12 h were more likely than nurses working shorter hours (≤8) to experience burnout, in terms of emotional exhaustion (Dall'Ora C, Griffiths P, Ball J, et al 2016) .

5.3.8 Age

The findings revealed that age didn't indicate any significant difference. The study of Yilirdim (2008) showed that there were no relationships found between dimensions of burnout and age. The present study is also in consistent with Assad (2008). Al- Jamal study (2012) pointed out that there were no statistical significance differences in the respondents' answers according to place of work, age, educational qualification.

Regardless of age, OHN appeared to be exposed to the same conditions, patients, high demand. This is because they all worked in the same units which produced such burnout factors (e.g. inadequate staffing, work overload, conflict with other healthcare- workers).

Maslach et al., (2001) stated that of all the demographic variables that have been studied, age is the one that has been most consistently related to burnout. Among younger employees the level of burnout was reported to be higher than it was among those over 30 or 40 years old. This is not in contrast to the present study as the population age average is 30 years.

5.3.9 Years of Experience in Nursing, Years of Experience in Oncology

Findings indicated an inverse statistical significant correlation between the years of experience in nursing and the level of burnout sub-scales of reduced personal accomplishment and depersonalization among Oncology/Hematology nurses in Palestinian hospitals: Beta was (-0.492 P=0.009), (-0.505 P=0.008) respectively.

MBI manual showed decline of burnout levels with growing age or increased working experience for all three dimensions of burnout (Maslach, Jackson & Leiter, 1996).

Many studies also supported our findings when they indicated that there was a small negative correlation between years of experience in and burnout dimensions' (Brewer and Shapard, 2004 Al-Mahmoud, 2000).

Years of experience played an important role in decrease burnout level for two reasons. Firstly, when the OHN have a lot of data about the patients health conditions, pathology of oncology diseases and treatment protocols ,this will lead to empower the nurse performance and improve his/her management related to high patients demand. Secondly, the practice skills which also increase with time. The nature of oncology /haematology disease and its bad prognosis need expert nurse who can provide high quality services and manage any difficult conditions.

The present research results were in contrast to Al- Jamal study (2012). He pointed out that there were no statistical significance differences in the respondents' answers according to place of work, age, educational qualification, experience period.

5.3.10 Monthly income

There were no significant differences in burnout level in relation to monthly income. This could due to the high moral responsibility Palestinian nurses enjoy because of cultural, religious, or living under the Israeli occupation. Other factors such as lack of working opportunities in the Palestinian market and the place of employment (Gaza Strip, West Bank & Jerusalem) could explain the no significance of burnt-out level related to the monthly income. The result of this study was consistent with the result of Oehler et al (2000) which reported no significant effect of income on total burnout level.

5.4 Intention to leave and Burnout

The second important part of the present study is the intention to leave. Most of the researches in this field were carried out in an acute care hospital setting. Little research was done in this area. It only paid attention on identifying the factors that contributed to intent to leave such as job satisfaction, job stress and burnout (Dansile, 2004).

5.4.1 Intention to level among Palestinian OHN

The research findings revealed that almost 53% (M 2.65 SD 1.43) of the population expressed their intention to leave the oncology/hematology ward toward another ward. This is near to the present research results of the total degree of burnout level which is 57.2%

5.4.2 Intention to leave and Burnout Relationship

Standardized regression analysis model for the correlation between the intention to leave the department (to another ward) and burnout level scores among OHN in Palestinian hospitals yielded a statistical significant positive correlation between the intention to leave the department (to another ward) and burnout level scores among Oncology/Hematology nurses in Palestinian hospitals: Beta was (0.408 P=0.000), as indicated in Table No. 37.

These combined results, similarity ratios between intention to leave and burnout level provided a strong evidence positive correlation between burnout and intention to leave. This means that intention to leave is a secondary result to burnout state. The result of this research is confirmed by many researches. An individual's intent to leave the job had been identified as an outcome of burnout (Cooper et al , 1998).

Several studies also identified through the literature considered the relationship between burnout and intent to leave the job using descriptive, correlation , regression, path analysis or structural equation modeling to examine the data (Aiken et al ,2002 ;Armstrong-Stassen et al ,1993 ; Gower & Finlayson ,2002 ; Janseen et al , 1999; Kalliath et al , 2000; Lake , 1998 ; Lee & Ashworth ,1996 ; Shelledy et al , 1992) .

The present research final findings were reinforced by an international study of employees. Al -Jamal (2010) compared significant numbers of workers' experiences in Canada, China, Malaysia and Pakistan. He found that overall job stress: work overload, conflict, ambiguity

and resource inadequacy were significantly related to burnout and intention to leave in each of these countries.

5.4.3 Intention to leave and demographic variables

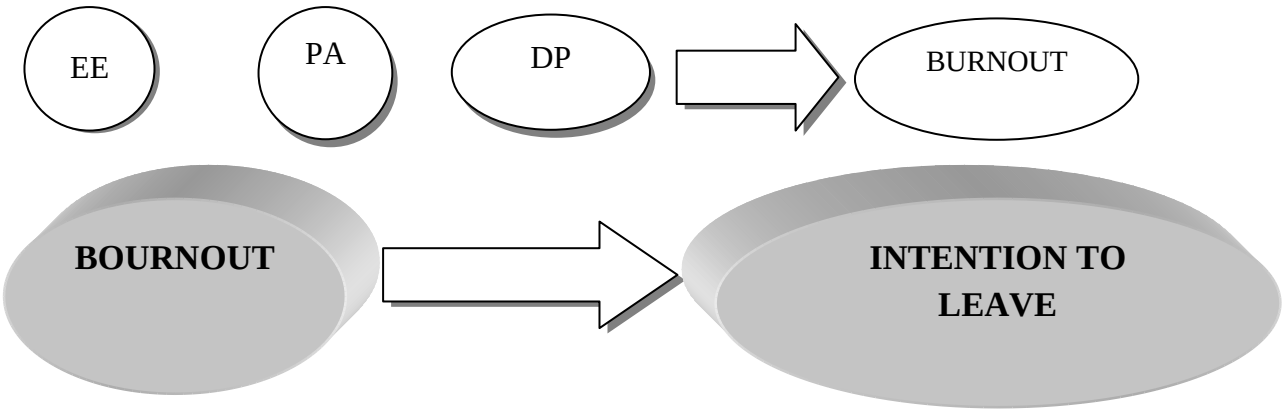
The research findings revealed that the demographic variables did not indicate any significant difference in the intention to leave the department (to another ward) among OHN in the Palestinian hospitals. This result replicated other published data of the negative association between intention to leave and demographic variables.

Barak et al. (2001) found that factors leading to intention to leave were not personal or related to the family responsibilities. They were organizational or job-based and therefore management was capable of addressing issues in the workplace to prevent turnover**.** Also in the United States, Stone et al. (2006) ascertained that working conditions influenced nurses' intention to leave their profession.

5.4.4 Practical reflection of burnout and intention to leave correlation

The total degree of burnout highest score favored to Al-Watani Governmental/Nablus (M 3.08 SD 0.63), then to Augusta Victoria hospital (M 2.89 SD 0.50) and to AL-Najah National University hospital (M 2.89 SD .54).

The last score of burnout score was in favored to Beit Jala Governmental hospital (M 2.55 SD 0.52) as indicated in Table Nos. 32-33. At the same time, when we reviewed the intention to leave, we found the highest score favored Al-Watani Governmental/Nablus OHN (M 3.0; SD 1.53), then Augusta Victoria hospital (M 2.74 SD 1.36) and the last score of intention to leave favored Beit Jala Governmental hospital (M 2.08 SD 1.25). These findings reinforced the strong correlation between burnout and intention to leave.



5.4.5 Burnout, intention to leave and work life environment correlation:

The study findings emerged an obvious correlation between the six area of work life AWS and burnout level. Maslach et al. (2009) explained how "burnout arises from chronic mismatches between people and their work settings in terms of some or all of these six areas". As mentioned before, the highest score of burnout was observed in Al-Watani Governmental/Nablus, then in Augusta Victoria hospital and An-Najah National University hospital. The highest score of intention to leave were also the same for the a/m hospitals, respectively.

Table 5.1: Showed the AWS survey and hospitals names

Hospital name / AWS survevy score	Lack of positive reinforcement	Work pressure	Fairness
Al-Watani Governmental/Nablus	2.61	2.84	3.56
A.V Hospital	2.36	2.69	3.47
An-Najah National University hospital	2.47	2.52	3.44

These findings confirmed that mismatching between six areas of work life will lead to burnout and then to intention to leave. The present research findings are confirmed by many researchers. Leiter and Maslach (2009) found that the burnout model and its relationships with individual domains from the AWS model predicted nurses' turnover intentions. From the burnout model, they discovered that cynicism was the primary burnout predictor for turnover. Value conflicts and inadequate rewards were the two most critical areas within the AWS model. They explained how "burnout was indeed predictive of turnover intention.

5.4.6 Conclusion of the Results' Discussion

These results raised the alarm since intention to leave will lead later to intention to quit and turnover finally. OHN Palestinians hospitals and cancer patients will be under the negative effect of this predicted dark future. Lebanese nurses' intention to leave was studied by El-Jardali, Dimassi, Dumit, Jamal and Mouro (2009). El-Jardali et al. (2009) cautioned that high nurse turnover compromised quality of care and resulted in work overload for the remaining nurses.

Inability to provide High quality of care through failure to retain nurses in Saudi Arabia was confirmed by Almalki, Fitzgerald and Clark (2012). Abualrub and Alghamdi (2012) and Al-Ahmadi (2009) found that supervisor support influenced Saudi nurses' intention to leave, and this was also the case for nurses in Kuwaiti hospitals (Alotaibi, 2008).

El-Jardali et al. (2009) implement an international study on 1,793 nurses employed in 69 hospitals in Middle-East and North Africa. The study established that loss of a registered nurse increases the risk of extended hospitalization by approximately 80% and the risk of infection by an approximately 20%. El-Jardali et al. (2009) stated that increased nurse turnover may increase the patient to nurse ratio, resulting in increased nursing workload

unless further recruitment was possible. Highly trained and experienced nurses may influence lower patient mortality and increase failure to rescue.

Burnout among nurses affects turnover. A survey was carried out among 667 Canadian nurses to determine whether burnout influenced their intention to leave the profession. It was found that some areas of the nurses 'working lives contributed to burnout thereby causing them to contemn-plate leaving the profession. Turnover poses a serious threat to both patients and other nurses' wellbeing. Turnover would lead to unfavorable nurse-patient ratio which is linked to adverse out-comes such as high infection rates (Leiter & Maslach 2009).

Chapter (6) Conclusion and Recommendation

6.1 Conclusions

According to the findings from this study, burnout prevails among OHN . Health care organizations and management need to acknowledge the problem and provide the much needed appropriate measures. Examining nurses' working conditions and ensuring availability of resources is likely to improve job satisfaction, decrease turnover and intent to leave.

Drawing attention to the challenges in nursing profession like burnout and making it a priority to find solutions to these challenges may retain nurses and also be one way of tackling the nursing shortage thus reducing workload which is found to be one of the leading causes of burnout. Favorable working conditions and a good nursing profession image may attract people to consider a career in nursing.

This study also showed many important evidence based data regarding OHN burnout level and sources that contributed to the emergence of burnout among OHN in Palestinian hospitals. The mean score of burnout as experienced by the population of two hundred and fourteen participants was average (M 2.86 SD 0.53). The study observed that almost (57.2%) of Oncology/Hematology nurses in Palestinian hospitals had an average level of burnout. Lack of positive reinforcement represented the main source of burnout of the participants (M 3.38 SD 0.90), work pressure is the second sources (M 3.29 SD 0.77) , the third source is Fairness (M 3.07 SD 0.83) .

A statistical significant positive correlation was found between the burnout level sub-scales scores and the intention to leave the department (to another ward) among OHN in Palestinian hospitals.

Burnout has consequences for the individual as well as for the organization. Some negative effect on organizational level are: reduced job performance and organizational commitment, lower job performance, higher intention to leave the job. Negative effect on the individual level are: health problems, reduced well-being, deteriorated mental health.

The existence of burnout among Palestinian nurses needs to be tackled. How can nurses experiencing burnout be able to actively participate in health promotion and provide good quality care? How can nurses who are struggling with emotional exhaustion and depersonalization be able to cater to the emotional wellbeing of others?

6.2 Recommendations

This chapter will conclude with a number of recommendations for health care policy makers and health care providers and for future research. Because there are no enough previous recommendations concerning burnout among OHN, we comment on general recommendations that could minimize burnout and its consequences. In this section, the findings of this study are used to offer corrective strategies to health care planners and policy makers to decrease causes or contributing factors in order to decrease the burnout rate among OHN. A number of recommendations will be formulated for health care providers. Also some important points for future research are identified.

The recommendations were also based on preventative measures, because preventing burnout is easier and more cost–effective than resolving burnout once it occurs.

A prevention program can focus on:

- eliminating, reducing or counteracting stress factors of working environment
- development of values in organizational culture
- development of attitudes and rewarding relationships
- development of effective social support
- modeling, programming and resource planning

- consultation with employees
- employee participation in decisions making concerning changes

The effectiveness of burnout prevention at work depends on some management measures. In our program preventive measures are implemented on managerial level. Managers can observe early signs of burnout in employees and / or existence of specific stressors of burnout in workplace environment. Therefore, they can prevent the development of burnout among organization's employees. Much of early intervention strategies generate also preventive /protective effects. Finally, since the manager can recognize the signs of advanced stages of burnout, intervention may depend on his knowledge and ability to involve the experts.

According to the results from the study, the six factors play a major role in the cause of burnout among nurses therefore showing that this theoretical framework supports the findings from this study in regard to the causes of burnout among nurses. In addition, most the articles in this study reported the high prevalence of emotional exhaustion and cynicism among nurses experiencing burnout. This theory can be implemented in managing and preventing of burnout among nurses (Maslach & Leiter 2005). This can be done by identifying the risk factors and providing counter measures to the problems also dentifying the six risk factors of burnout according to the Maslach theory of burnout and providing counter measures. (Henry 2014)

Risk factor	Impact	Intervention
Workload	Emotional exhaustion Dehumanization	-Appropriate job and person match. -Adequacy of staff -Sustainable workload with recovery period and -Refreshing. -Taking breaks between works. -Self-care after work.
Control	Job dissatisfaction and Professional efficacy.	Promotion of decision latitude and autonomy. Freedom to participate in Implementation of policies.
Reward and Recognition	Feelings of anger and Resentment.	Job security in terms of salary. Positive feedback
Community	Depression, isolation, lack of support, loneliness	Supportive work community Team building meetings Encouraging interactions Promotion of good working rela-tionships
Fairness	Job dissatisfaction, stress, lack of respect, Injustices	Clinical supervision Team and leadership Education Staff recognition
Value conflicts	Cynicism, stress , poor ethical conduct	Emotional support e.g. after trauma (violent patients, sexual harassment, ethical decisions) Promotion of good nurse Practice environment.

6.3 Strengths, limitations of the Study

This study used articles for the literature review from studies about burnout among nurses conducted in several countries such as European countries , United States, Malaysia, Arabic countries etc. which gives the study a broader perspective from different areas. This also shows that burnout among nurses is not limited to specific countries or continents. Most of the articles used in the study are recent studies conducted at least within the last four years which is advantageous for this study. This study consider the first one which

was done in Palestine (West Bank, Gaza strip and Jerusalem) despite all complicated conditions and Israeli occupation.

The response rate for the present research exceeds 92% , so the study findings consider a representative and can be generalized .

This study conduct only in oncology and hematology wards therefore and only in seven Palestinian hospitals.

6.4 Suggestions for Future Research

View of the exploratory nature of this study to the extent of burnout and the most important causes at the OHN in Palestine, there is a great need to further studies (quantitative and qualitative) to deepen understanding in this aspect. However, the following are some of the titles proposed for future studies.

- The researchers should highlight the effects of the burnout on health profession who are working in OH departments.
- A proposed program to reduce the spread of burnout and alleviate of their effects on the performance of the staff.
- A comparative study between the different workers in the health field.
- Study the effect of burnout on the quality of work, job satisfaction and patient satisfaction for the health service.
- Deep study on the effect of moral motivation, values, equity and fairness and its relationship to burnout.

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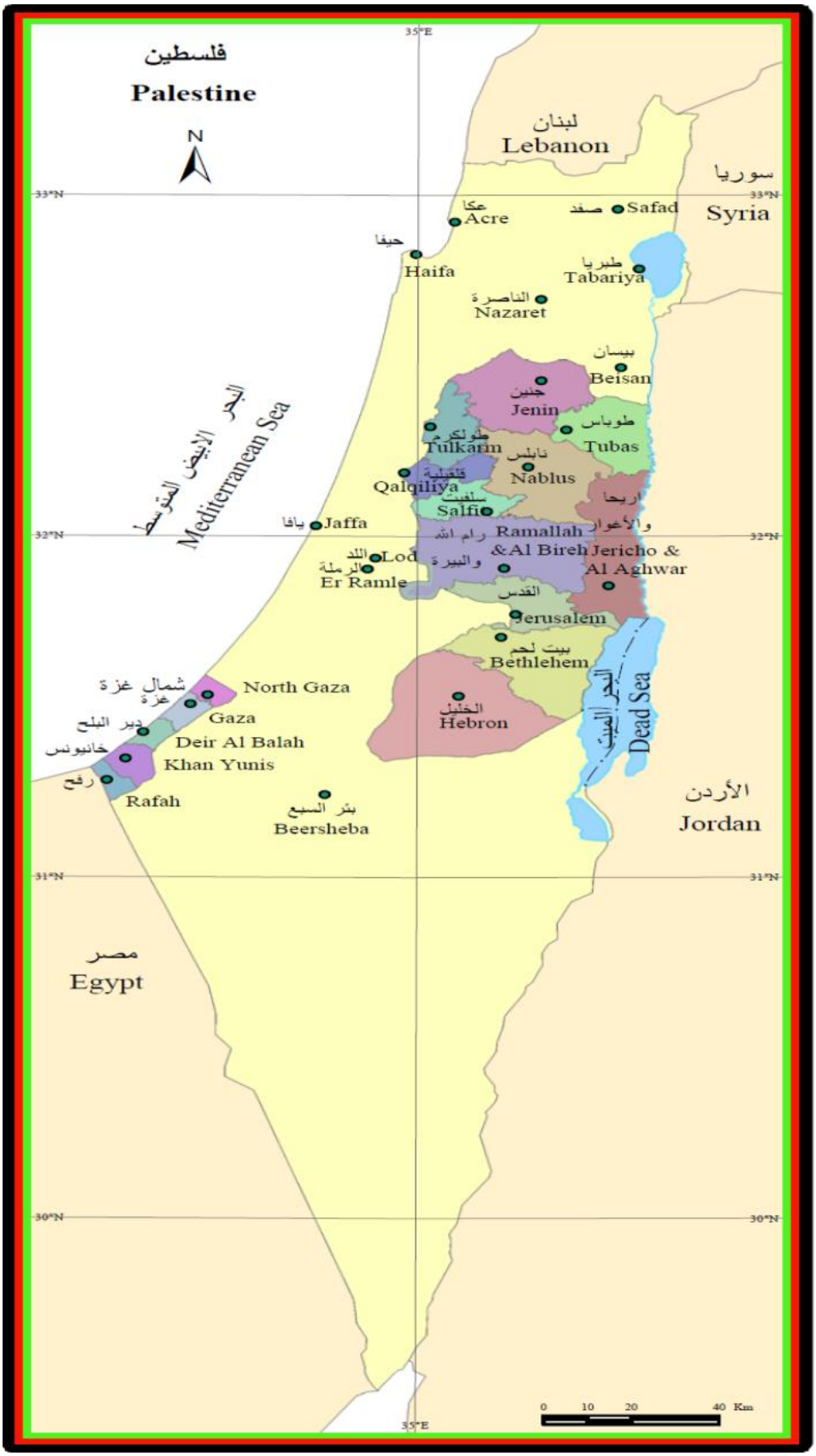
Annexes

Annex (1) Map of Palestine



From (PCBS, 2015)

Annex (2) An-Najah University Hospital Approval Latter

بسم الله الرحمن الرحيم

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

التاريخ: 2015/12/1
الرقم: ك ص ع/ ١١٥ /2015

حضرة الأستاذ الدكتور سليم الحاج يحيى المحترم
المدير التنفيذي لمستشفى جامعة النجاح/ نابلس

الموضوع: مساعدة بلال جوابرة

تحية طيبة وبعد،،

يقوم الطلب بلال عبد الرحمن جوابرة ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بحث رسالة الماجستير بعنوان:

"الاحتراق الوظيفي والرغبة في ترك العمل لدى الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في المستشفيات الفلسطينية"

وهو بحاجة إلى تعبئة استبانه الدراسة على الممرضين العاملين في أقسام أمراض الدم والأورام في المستشفيات. نرجو من حضرتكم السماح للطالب بتوزيع استبانه الدراسة على عينة الدراسة. علماً بان المعلومات ستكون لأغراض البحث العلمي فقط.

شاكرين لكم حسن تعاونكم،،

كلية الصحة العامة
Faculty of Public Health

د. منتصر حمدان

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Annex (3) Augusta Victoria Hospital Approval Latter

بسم الله الرحمن الرحيم

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

التاريخ: 2015/12/1
الرقم: ك ص ع/ 112/ 2015

حضرة الدكتور وليد نمور المحترم
المدير التنفيذي لمستشفى الاوغستا فيكتوريا/ المطلع

الموضوع: مساعدة بلال جوابرة

تحية طيبة وبعد،،
يقوم الطلب بلال عبد الرحمن جوابرة ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بحث رسالة الماجستير بعنوان:

"الاحتراق الوظيفي والرغبة في ترك العمل لدى الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في المستشفيات الفلسطينية"

وهو بحاجة إلى تعبئة استبانه الدراسة على الممرضين العاملين في أقسام أمراض الدم والأورام في المستشفيات. نرجو من حضرتكم السماح للطالب بتوزيع استبانه الدراسة على عينة الدراسة. علماً بان المعلومات ستكون لأغراض البحث العلمي فقط.

شاكرين لكم حسن تعاونكم،،

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Annex (4) MOH in NablusApproval Latter

State of Palestine
Ministry of Health - Nablus
General Directorate of Education in Health

دولة فلسطين
وزارة الصحة– نابلس
الإدارة العامة للتعليم الصحي

الرقم: ع ت/١٩٣٦/٢٠١٥
التاريخ: ٢٠١٥/٠٤/٠٩ م

Ref.: .....
Date: .....

الأخ مدير عام الادارة العامة للمستشفيات المحترم،،،

تحية واحترام،،

الموضوع: تسهيل مهمة طالب

تماشياً مع سياسة وزارة الصحة المتعلقة بتعزيز التعاون مع الجامعات والمؤسسات الأكاديمية بإتاحة فرص التدريب أمام الطلبة والخريجين والباحثين في المؤسسات الوطنية وإسهاماً في تنمية قدراتهم.

يرجى تسهيل مهمة الطالب: بلال جوابرة – ماجستير سياسات وادارة صحية– جامعة القدس، في عمل بحث بعنوان: "الاحتراق الوظيفي والرغبة في ترك العمل لدى الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في المستشفيات الفلسطينية"، لذا يرجى تسهيل مهمته في توزيع استبانة على الممرضين في مستشفى بيت جالا الحكومي ومستشفى الوطني– نابلس، علما بأنه سيتم الالتزام بمعايير البحث العلمي والحفاظ على سرية المعلومات. ،

مع الاحترام،،

دولة فلسطين وزارة الصحة
د. أمل [illegible]
الإدارة العامة للتعليم الصحي
مدير عام التعليم الصحي

نسخة: عميد كلية الصحة العامة المحترم/ جامعة القدس

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Annex (5) MOH "Health Education" Approval Latter

بسم الله الرحمن الرحيم

جامعة القدس

القدس

كلية الصحة العامة

Al-Quds University

Jerusalem

School of Public Health

التاريخ: 2015/12/1

الرقم: ك ص ع/ 113/2015

حضرة الدكتورة أمل أبو عوض المحترمة

القائم بأعمال مدير عام التعليم الصحي/ وزارة الصحة الفلسطينية

الموضوع: مساعدة بلال جوابرة

تحية طيبة وبعد،،

يقوم الطلب بلال عبد الرحمن جوابرة ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بحث رسالة الماجستير بعنوان:

"الاحتراق الوظيفي والرغبة في ترك العمل لدى الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في المستشفيات الفلسطينية"

وهو بحاجة إلى تعبئة استبانه الدراسة على الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في مستشفى بيت جالا والمستشفى الوطني/ نابلس. نرجو من حضرتكم السماح للطالب بتوزيع الاستبانه الدراسة على عينة الدراسة. علماً بان المعلومات ستكون لأغراض البحث العلمي فقط.

شاكرين لكم حسن تعاونكم،،

د. معتصم حمدان

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Annex (6)Primary Arabic Questionnaire

كلية الصحة العامة

ماجستير سياسات وإدارة صحية

أخي الكريم /أختي الكريمة:-

يقوم الباحث بإجراء دراسة بعنوان:

"الاحتراق الوظيفي والعزم على ترك العمل لدى الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في المستشفيات الفلسطينية"

(Burnout and the Intention to leave among Oncology/Hematology Nurses in Palestinian Hospitals)

وذلك استكمالا للحصول على درجة الماجستير في جامعة القدس /كلية الصحة العامة / تخصص سياسات وإدارة صحية.

لتحقيق أهداف البحث نضع بين أيديكم هذا الاستبيان بهدف جمع البيانات والمعلومات اللازمة للدراسة.إذ يضم هذا الاستبيان أربعة أقسام :

- القسم الاول: ويحتوي على البيانات الشخصية.
- القسم الثاني :ويضم معلومات حول طبيعة العمل.
- القسم الثالث : ويضم مقياس الاحتراق الوظيفي.
- والقسم الرابع : مقياس مصادر الاحتراق الوظيفي والقسم الاخير ويشمل مقياس العزم على الخروج من الوظيفة /المهنة الحالية .

راجين من حضرتكم الإجابة على بنود هذا الاستبيان. علما ان كافة المعلومات ستعامل بسرية تامة وسيتم استخدامها فقط لأغراض البحث العلمي وذلك لهدف التحسين والتطوير وأخذ قرارات مبنية على الحقائق ؛ ولن يكون لها اي تأثير على وضعك الوظيفي في المؤسسة التي تعمل بها .

شاكرين لكم حسن تعاونكم

الباحث: بلال عبد الرحمن جوابرة

0599277850

القسمالأول :- معلوماتديمغرافية

1. الجنس :

1) ذكر. 2) أنثى .

2. العمر : 1- أقل من 30 عام ( ) 2- من 31 – 40 عام ( )

3- من 41- 50 عام ( ) 3- أكبر من 51 عام ( )

3. الديانة :- 1.مسلم 2.مسيحي.

4. مكان الاقامة :- 1.مدينة 2. قرية 3. مخيم.

5. الحالة الاجتماعية:

1) أعزب 2) متزوج .

3) مطلق. 4) أرمل.

5) غير ذلك , أذكره ----------

6. كم عدد الأولاد ؟ ---------- .

7. القسم الذي تعمل به ----------.

8. أعلى درجة علمية حصلت عليها :-

1) دبلوم 2)بكالوريوس 3) دبلوم عالي

4) ماجستير 5) دبلوم متخصص في أمراض الدم والأورام .

6)أخرى : الرجاء تحديدها (.....) .

9. كم عدد سنوات خبرتك في مهنة التمريض ----------.

10. الرجاء اختيار المستشفى الذي تعمل به :-

أ) متشفى بيت جالا الحكومي ب)مستشفى اوغستا فيكتوريا (المطلع) /القدس

ج) المستشفى الوطني /نابس د)مستشفى جامعة النجاح/ نابلس .

و)مستشفى الشفاء /غزة ز)مستشفى الدكتور عبد العزيز الرنتيسي /غزة

11. منذ كم شهر/ سنة تعمل في المستشفى الحالي (الذي تعمل به الآن)----------

12. منذ كم شهر / سنة وأنت تعمل في هذا القسم (الأورام / الدم) ----------

13. المسمى الوظيفي :-

أ) رئيس قسم (Head Nurse) ب) ممرض /ة قانوني ج)ممرض/ة مؤهل

د) غير ذلك , أذكرها ----------.

14. متوسط الدخل الشهري :-

أ)2000-2900 شيكل ب) 3000-3900 شيكل

ج)4000-4900 شيكل د) 5000شيكل فما فوق .

14. نظام العمل :-

أ) العمل على الوردية الصباحية فقط ب)ضمن نظام الورديات (صباحي ،مسائي ، ليلي) .

ج) غير ذلك , ---------- .

15. الوقت الذي تحتاجه للوصول الى مكان العمل: _____

16 . عدد ساعات الدوام الاسبوعية: _____

17. عدد مرات الدوام الليلي في الاسبوع :_____

18 . خلال الشهر الماضي، هل حدث أي خلاف بينك وبين احد الممرضين:ا) نعم ب) لا

19 . خلال الشهر الماضي، هل حدث أي خلاف بينك وبين احد الأطباء: ا) نعم ب) لا

20 . عدد المرضى الذين تعمل معهم يوميا:_____

21 . هل تقوم في عمل آخر: ا) نعم ب) لا

22. اذا كانت اجابتك نعم في سؤال 14 حدد نوع عملك:_____

23 . هل الزوج / الزوجة تعمل؟

24. ما هي وظيفة الزوج / الزوجة؟ .....

وهل نظام العمل ورديات صباحية ومسائية وليلية ؟ ----------

مصادر الاحتراق الوظيفي :-

المجال	العبارة	موافقا بشدة	موافق	محايد	غير موافق	غير موافقا بشدة
صلاحيات العمل	1.لدي قدر كاف من التحكم في وظيفتي .					
	2. حجم الأعمال التي أقوم بها تتناسب مع قدراتي وطموحاتي .					
	3. هناك مجالا كافيا من السلطة والصلاحيات متاح لي لأداء مهام وظيفتي .					
	4. يفوضني رئيسي لاتخاذ قرارات تتعلق بالعمل .					
	5. تتاح لي أحيانا فرص للمشاركة في اتخاذ بعض القرارات المتعلقة بالعمل .					
	6. يمكنني تنفيذ قرارات خاصة بعملي بدون الرجوع الى رؤسائي في العمل .					
العلاقات الاجتماعية	1. يمكنني التوجه الى رئيسي في العمل عندما تواجهني مشكلة ما .					
	2. لا يمد الزملاء يد المساعدة لي (وللآخرين) عند الحاجة .					
	3. العلاقات الرسمية سائدة في أجواء العمل .					
	4. الصراعات الشخصية تحول دون انسجام العاملين .					
	5. لا يوجد تنسيق وتعاون مشترك بين الزملاء في الاقسام المختلفة في عملي					
	6. لا أتبادل الزيارات والاتصالات والمجاملات مع زملائي خارج العمل .					
	7. لا أشعر بأنني منتمي اجتماعيا لزملائي ومكان عملي .					
	8. أشعر بسيادة العلاقات القائمة على المادية والمصالح الشخصية .					
ضغط العمل	1. أضطر للتأخر في العمل .					
	2. أشعر بالتعب والإنهاك عند بداية الدوام الرسمي .					
	3. ان مهام وظيفتي تحول دون أدائي لمهامي الاسرية .					
	4. اواجه صعوبة في الحصول على أجازة للراحة .					
	5. لا أتمكن من حضور المناسبات الاجتماعية بسبب أعباء ونظام العمل .					
	6. أنا مسؤول في نفس الوقت عن عدة واجبات أو مشروعات غير مرتبطة ببعضها البعض .					
	7. أحيانا تكون المهام المسندة لي معقدة وصعبة .					
	8 . أعاني من ازدحام المرضى وسوء تصميم مكان العمل .					
	9. أشعر بالاكتئاب وضيق الصدر أثناء أدائي لمهام عملي .					

المجال	العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافقا بشدة
صراع القيم	1. يطلب مني أعمال تتناقض مع القيم والمبادئ التي أحملها.					
	2. تنطوي وظيفتي على أداء أعمال قد ترضي بعضهم ولا ترضي البعض الاخر .					
	3. أشعر بوجود للولاء الحزبي على العلاقات الاجتماعية والوظيفية في عملي .					
	4. الثقافة والقيم السائدة في عملي لا تشعرني بالراحة والانتماء لعملي .					
	5. أعمل في ظل سياسات وقوانين تتعارض مع قيمي .					
	6. هناك اختلاف في قيم الموظفين الدينية والسياسية مما يؤثر على علاقاتهم في العمل .					
	7. هناك توتر في علاقات الموظفين يرجع لاختلاف ولاءاتهم السياسية والحزبية .					
قلة التعزيز الإيجابي	1. هناك فرص للحصول على حوافز معنوية (كتب شكر ,تقدير ,...الخ) في عملي .					
	2. يتناسب راتبي مع حجم أدائي في عملي وهو محفز لي .					
	3. العلاوات التي أحصل عليها في عملي محفزة لي ومرتبطة بالأداء					
	4. فرص الترقية والتقدم الوظيفي في عملي متوفرة					
	5. يمنحني العمل مكانة اجتماعية مرضية .					
	6. تمنح حوافز تشجعيه في العمل تحفزنا على الابتكار والإبداع .					
	7. هناك تقدير لجهودي وعملي من قبل المشرفين والرؤساء					
	8. تسعى الإدارة لإكسابنا مهارات جديدة من خلال برامج تدريبية وتطويرية					
المساواة والعدل	1. فرص التطور والنجاح مبنية على اساس الجدارة والمهنية					
	2.من الممكن أن اعترض بحرية إذا رأيت أي حدث (موقف) بعيد عن النزاهة والمهنية .					
	3. رئيس القسم والمشرفين والمدراء يتعاملون بمنهج العدل والمساواة مع الجميع.					
	4. المحسوبية لها دور كبير في آلية أتحاذ القرارات .					
	5. الذي يقرر في عملك هنا هو من تعرف وليس ماذا تعرف انت					
	6. الترقية في عملي تتم بعدالة وموضوعية ومرتبطة بالأداء ومحفزة					

مقياس الاحتراق الوظيفي :-

البعد	العبارة	أبدا (0)	عدة مرات بالسنة أو أقل (1)	مرة في الشهر أو أقل (2)	عدة مرات في الشهر (3)	مرة في الاسبوع (4)	عدة مرات في الاسبوع (5)	غالبا كل يوم (6)
البعد الأول الاجهاد الانفعالي	1.اشعر بأنني استنزفت عاطفيا							
	2.أشعر باستنفاد كامل طاقتي في نهاية اليوم الذي اقضيه .							
	3.التعامل مع المرضى طوال اليوم يسبب لي التوتر							
	4. أشعر بالضجر والملل بسبب عملي							
	5. أشعر بالإحباط في عملي .							
	6. اشعر انني ابذل جل جهدي في عملي							
	7. التعامل مع المرضى بشكل مباشر يشكل ضغطا كبيرا علي.							
	8. أشعر بالاختناق وقرب النهاية							
البعد الثاني عدم الانسانية	1.أشعر بأنني أعامل بعض المرضى وكأنهم جمادات							
	2.أصبحت شخصا قاسيا على المرضى منذ بدأت العمل.							
	3.أشعر بالقلق في ان يسبب لي هذا العمل قسوة وتبلد في مشاعري.							
	4.انني في الواقع لا أعبأ بما يحدث للآخرين .							
	5.أشعر أن المرضى يلومونني على مشاكلهم الصحية التي يعانون منهم							
البعد الثالث الانجاز الشخصي	1.أستطيع ان أفهم كيف يشعر المرضى اتجاه منتي							
	2.أشعر أنني من خلال مهنتي أؤثر ايجابيا في الأخرين							
	3.أشعر بالنشاط والحيوية .							
	4.أستطيع وبسهولة تهيئة الجو المناسب لأداء عملي على أكمل وجه							
	5.أشعر بالابتهاج من خلال عملي وتعاملي مع المرضى.							
	6.في عملي أتعامل بهدوء تام مع المشاكل النفسية .							
	7.حققت أشياء كثيرة جديرة بالتقدير في هذا العمل .							

مقياس الرغبة في ترك كان العمل الحالي :-

العبارة	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
1. سوف ابحث عن وظيفة جديدة بعيدا عن قسم الاورام والدم ؟					
2. سوف أبقى في قسم الأورام/ الدم لسنة جديدة أخرى .					
3. غالبا ما أفكر بالخروج من مهنة ممرض أورام /دم .					
5. أرغب بالبقاء في قسم الأورام /الدم .					

Annex (7) Final Arabic Questionnaire

كلية الصحة العامة

ماجستير سياسات وإدارة صحية

أخي الكريم /أختي الكريمة :-

يقوم الباحث بإجراء دراسة بعنوان:

"الاحتراق الوظيفي والعزم على ترك العمل لدى الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في المستشفيات الفلسطينية"

(Burnout and the Intention to leave among Oncology/Hematology Nurses in Palestinian Hospitals)

وذلك استكمالا للحصول على درجة الماجستير في جامعة القدس /كلية الصحة العامة / تخصص سياسات وإدارة صحية.

و لتحقيق أهداف البحث نضع بين أيديكم هذا الاستبيان بهدف جمع البيانات والمعلومات اللازمة للدراسة.إذ يضم هذا الاستبيان أربعة أقسام :

- القسم الاول: ويحتوي على البيانات الشخصية.
- القسم الثاني :ويضم معلومات حول طبيعة العمل.
- القسم الثالث : ويضم مقياس الاحتراق الوظيفي.
- والقسم الرابع : مقياس مصادر الاحتراق الوظيفي والقسم الاخير ويشمل مقياس العزم على الخروج من الوظيفة /المهنة الحالية .

راجين من حضرتكم الإجابة على بنود هذا الاستبيان. علما ان كافة المعلومات ستعامل بسرية تامة وسيتم استخدامها فقط لأغراض البحث العلمي وذلك لهدف التحسين والتطوير وأخذ قرارات مبنية على الحقائق ؛ ولن يكون لها اي تأثير على وضعك الوظيفي في المؤسسة التي تعمل بها .

شاكرين لكم حسن تعاونكم

الباحث: بلال عبد الرحمن جوابرة

0599277850

القسم الاول :- معلومات ديموغرافية

1. **الجنس :**

1) ذكر . 2) أنثى

2. **العمر : ----------**

3. **مكان الاقامة**

1) مدينة 2) قرية 3) مخيم.

4. **الحالة الاجتماعية :**

2) أعزب 2) متزوج 3) غير ذلك , أذكره -----

----

5. **أعلى درجة علمية حصلت عليها :-**

1) دبلوم تمريض 2) بكالوريوس

3) دبلوم عالي 4)ماجستير فأعلى

6. **القسم الذي تعمل به ----------.**

7. **سنوات الخبرة العملية في مهنة التمريض ----------.**

8. **سنوات الخبرة العملية في امراض الاورام والدم ---------- .**

9. **الرجاء اختيار المستشفى الذي تعمل به :-**

1)مستشفى بيت جالا الحكومي 2)مستشفى اوغستا فيكتوريا (المطلع) /القدس

3) المستشفى الوطني /نابس 4)مستشفى جامعة النجاح/ نابلس .

5)مستشفى الشفاء /غزة 6)مستشفى الدكتور عبد العزيز الرنتيسي /غزة

10. **المسمى الوظيفي :-**

1)رئيس قسم2) ممرض /ة قانوني 3)ممرض/ة مؤهل 4) غير ذلك,

أذكرها ----------

11. **متوسط الدخل الشهري ----------**

12. **نظام العمل:-**

1) العمل على الوردية الصباحية فقط 2)ضمن نظام الورديات (صباحي ،مسائي ، ليلي) .

القسم الثاني :- مصادر الاحتراق الوظيفي .

العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافقا بشدة
1.لدي قدر كاف من التحكم في وظيفتي .					
2. حجم الأعمال التي أقوم بها تتناسب مع قدراتي .					
3. هناك مجالا كافيا من الصلاحيات متاح لي لأداء مهام وظيفتي .					
4. يفوضني رئيسي لاتخاذ قرارات تتعلق بالعمل .					
5. تتاح لي فرص للمشاركة في اتخاذ بعض القرارات المتعلقة بالعمل .					
6. يمكنني التوجه الى رئيسي في العمل عندما تواجهني مشكلة ما .					
7. لا يمد الزملاء يد المساعدة عند الحاجة .					
8. العلاقات الرسمية سائدة في أجواء العمل .					
9. الصراعات الشخصية تحول دون انسجام العاملين .					
10. لا يوجد تعاون مشترك بين الزملاء في الاقسام المختلفة في عملي .					
11. لا أشعر بأنني منتمي اجتماعيا لزملائي ومكان عملي .					
12. أضطر للتأخر في العمل .					
13. أشعر بالتعب عند بداية الدوام الرسمي .					
14. ان مهام وظيفتي تحول دون أدائي لمهامي الاسرية .					
15. اواجه صعوبة في الحصول على أجازة للراحة .					
16. لا أتمكن من حضور المناسبات الاجتماعية بسبب أعباء العمل.					
17. أشعر أن المهام المسندة لي صعبة.					
18 . أعاني من ازدحام المرضى في القسم الذي اعمل به .					
19. أشعر بالاكتئاب أثناء أدائي لمهام عملي .					

مصادر الاحتراق الوظيفي :

العبارة	أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة
20. يطلب مني أعمال تتناقض مع القيم والمبادئ التي أحملها.					
21. تنطوي وظيفتي على اداء مهام تمريضية قد ترضي بعضهم ولا ترضي البعض الاخر .					
22. أشعر بوجود للولاء الحزبي على العلاقات الاجتماعية والوظيفية في عملي					
23. الثقافة والقيم السائدة في عملي لا تشعرني بالراحة والانتماء لعملي .					
24. أعمل في ظل سياسات وقوانين تتعارض مع قيمي.					
25. هناك فرص للحصول على حوافز معنوية (كتب شكر ,تقدير ,...الخ) في عملي					
26. يتناسب راتبي مع حجم أدائي في عملي .					
27. العلاوات التي أحصل عليها في عملي محفزة لي ومرتبطة بأدائي					
28. يمنحني العمل مكانة اجتماعية مرضية .					
29. تمنح حوافز تشجيعية في العمل تحفزنا على الابداع .					
30. هناك تقدير لجهودي وعملي من قبل المسئولين .					
31. تسعى الادارة لإكسابي مهارات جديدة من خلال برامج تدريبية					
32. فرص التطور مبنية على اساس الجدارة والمهنية .					
33.من الممكن أن اعترض بحرية ان رأيت اي حدث (موقف) بعيد عن النزاهة والمهنية .					
34. المسئولين يتعاملون بمنهج العدل والمساواة مع الجميع .					
35. المحسوبية لها دور كبير في الية اتخاذ القرارات .					

القسم الثالث :- مقياس درجة الاحتراق الوظيفي .

العبارة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1.اشعر باني استنزفت عاطفيا.					
2.أنتظر نهاية الدوام بفارغ الصبر.					
3.التعامل مع المرضى طوال اليوم يسبب لي التوتر					
4. أشعر بالملل بسبب عملي					
5. أشعر بالإحباط في عملي.					
6. اشعر انني ابذل جل جهدي في عملي					
7. التعامل مع المرضى بشكل يومي يشكل ضغطا كبيرا علي .					
8.أشعر بأنني أعامل بعض المرضى وكأنهم جمادات					
9.أصبحت شخصا قاسيا على المرضى منذ بدأت العمل					
10.أشعر بالقلق في ان يسبب لي هذا العمل قساوة وتبلد في مشاعري					
11.لا أهتم بما يحدث للمرضى .					
12.أشعر أن المرضى يلومونني على مشاكلهم الصحية التي يعانون منهم					
13.أستطيع ان أفهم كيف يشعر المرضى اتجاه مهنتي					
14.أشعر أنني من خلال مهنتي أؤثر ايجابيا في حياة المرضى .					
15.أشعر بالنشاط والحيوية .					
16.أستطيع وبسهولة تهيئة الجو المناسب لأداء عملي على أكمل وجه.					
17.أشعر بالابتهاج من خلال عملي وتعاملي مع المرضى					
18.في عملي أتعامل بهدوء تام مع المشاكل النفسية للمرضى .					
19.حققت أشياء كثيرة جديرة بالتقدير في هذا العمل .					

القسم الرابع :- مقياسالرغبةفي ترك العمل.

العبارة	بدرجة كبيرة جدا	بدرجة كبيرة	بدرجة متوسطة	بدرجة قليلة	بدرجة قليلة جدا
1. لدي رغبة في الانتقال الى قسم اخر					

شاكرين لكم حسن تعاونكم

الباحث

Annex (8) Final English Questionnaire

Socio-demographic data

1.Gender

1. Male 2.Female

2. Age :……..

2. Place of residency

1. City 2.viliage 3.camp

3. Marital stratus

1. single 2.married 3.other, mention it (…….)

4. Level of education

1. Diploma 2.BSN 3.High Diploma 4.Master and above

5. Years of experience in nursing :( )

6. Years of experience in oncology, hematology field ( )

7.Name of hospital where you work :

1.Beit Jala Governmental Hospital
2.Augusta Victoria Hospital
3.Al-Watani Governmental Hospital/Nablus
4.An-Najah National University
5.Al-Shifa Hospital – Gaza
6.Al-Rantisi Gospital-Gaza
7.European Gaza hospital -Khanyuness

8.job describtion

1.headnurse 2.staffnurse 3.practical nurse 4.other , mention it ( )

9. Monthly Income :( )

10. Working System
1.A-shift only 2.Mix shifts (A,B,C system) .

Sources of Burnout Scale …

Dimension	Paragraphs	Strongly agree	Agree	Neutral	Not agree	Strongly Disagree
Power of Labor	I have enough control in my job.					
	The volume of work carried out by commensurate with my abilities and my ambitions .					
	There is enough scope of authority and powers available to me to perform my ambitions .					
	officers at work gives me authorization to make decisions related to work .					
	I have sometimes an opportunities to participate in making some decisions .					
	I can go to my supervisor when I'm having a problem					
Social Relationships	Not extend colleagues help me (and everyone else) when needed					
	Official relations prevalent in the work environment					
	Personal conflicts prevent workers harmony					
	There is no coordination and joint cooperation between colleagues in different departments.					
	I do not feel socially Be longer to my colleagues and my work place .					
Work Pressure	I work intensely for prolonged periods of time.					
	I feel tired at the end of working hours					
	That is part of my job to prevent my duties for the family.					
	I could not attend social events because of the workload					
	I am responsible at the same time for several duties or tasks not related to each others					
	Sometimes the tasks assigned to me complex or difficult.					
	I suffer from congestion reviewers and poor workplace Design.					
	I feel depressed and restless during my tasks for the practical.					

Dimension	Paragraphs	Strongly agree	Agree	Strongly Disagree	Not agree	Neutral
Conflict of values	Asks me to perform acts contrary to the values and principles that I carry.					
	My job involves the performance of work may satisfy some officials do not					
	I feel the presence of the control of party loyalty on social relationships					
	Culture and values prevailing in my work does not make me feel					
	I work under the policies and laws that contradict my values.					
Lack of positive reinforcement	There are opportunities for moral incentives (message of thanks					
	My salary proportional to the size of my performance in a practical					
	Allowances that I get in my work stimulating and linked to performance					
	My work gives me a satisfactory social status					
	Give incentives to work motivate innovation and creativity					
	There is recognition of my efforts and my work by supervisors					
	Administration seeks always to give us new skills through training					
Fairness	Opportunities are decided solely on merit					
	There are effective appeal procedures available when I question the fairness of a decision.					
	Management treats all employees fairly.					
	Favoritism determines how decisions are made at work ..					

Burnout level Scale:

Paragraphs	Dimension	Strongly agree	Agree	Strongly Disagree	Not agree	Neutral
Emotional exhaustion	I feel emotionally drained from my work					
	I feel used up at the end of the workday					
	Working with patients all day is really a strain for me					
	I feel burned out from my work					
	I feel frustrated by my job					
	I feel I'm working too hard on my job					
	Working with patients directly puts too much stress on me.					
Depersonalization	I feel I treat some clients as if they were impersonal 'objects					
	I've become more callous toward people since I took this job					
	I worry that this job make me tough emotionally					
	I don't really care what happens to some patients					
	I feel patients blame me for some of their problems					
Reduced Personal accomplishment	I can easily understand how my patients feel about my profession					
	I feel I'm positively influencing other people's lives through my profession					
	I feel very energetic					
	I can easily create a relaxed atmosphere with my patients					
	I feel exhilarated after working closely with my patients					
	I deal very effectively with the problems of my patients					
	1 have accomplished many worthwhile things in this job					

Intention to Leave Scale:

Paragraphs	Strongly agree	Agree	Neutral	Strongly Disagree	Not agree
I often think about quitting to another ward					

Annex (9)Burnout sources scores among Oncology/Hematology nurses in Palestinianhospitals according to the hospital name

Sub-scale	Source	Df	Sum of squares	Mean square	F-value	Sig.
Lack of positive reinforcement	Between groups	6	4.271	0.712	1.350	0.237
	Within groups	207	109.182	0.527		
	Total	213	113.453	-----		
Work pressure	Between groups	6	7.738	1.290	4.014	.001
	Within groups	207	66.518	0.321		
	Total	213	74.257	-----		
Fairness	Between groups	6	16.581	2.764	5.086	.000
	Within groups	207	112.466	0.543		
	Total	213	129.047	-----		
Conflict of values	Between groups	6	4.163	0.694	0.962	0.452
	Within groups	207	149.360	0.722		
	Total	213	153.524	-----		
Social relationships	Between groups	6	20.092	3.349	4.497	.000
	Within groups	207	154.154	0.745		
	Total	213	174.246	-----		
Power of labor	Between groups	6	10.476	1.746	2.635	0.018
	Within groups	207	137.174	0.663		
	Total	213	147.650	-----		
Total degree	Between groups	6	2.447	0.408	1.410	0.212
	Within groups	207	59.893	0.289		
	Total	213	62.340	-----		

Annex (10) WLS survey of OH department in the Palestinian hospitals

Sub-scale	Hospital name	N	Mean*	Std. Deviation
Lack of positive reinforcement	Beit Jala Governmental	17	2.34	0.68
	Augusta Victoria	53	2.36	0.79
	Al-Watani Governmental/Nablus	35	2.61	0.79
	An-Najah National University	49	2.47	0.72
	Al-Shifa Hospital – Gaza	26	2.27	0.69
	Al-RantisiGospital	13	2.72	0.57
	European Gaza hospital (EGH)	21	2.21	0.51
Work pressure	Beit Jala Governmental	17	2.59	0.52
	Augusta Victoria	53	2.69	0.57
	Al-Watani Governmental/Nablus	35	2.84	0.64
	An-Najah National University	49	2.52	0.60
	Al-Shifa Hospital – Gaza	26	2.35	0.50
	Al-RantisiGospital	13	2.15	0.39
	European Gaza hospital (EGH)	21	2.38	0.50
Fairness	Beit Jala Governmental	17	2.98	0.62
	Augusta Victoria	53	3.47	0.70
	Al-Watani Governmental/Nablus	35	3.56	0.78
	An-Najah National University	49	3.44	0.80
	Al-Shifa Hospital – Gaza	26	3.19	0.75
	Al-RantisiGospital	13	2.86	0.64
	European Gaza hospital (EGH)	21	2.72	0.65
Conflict of values	Beit Jala Governmental	17	2.51	0.90
	Augusta Victoria	53	2.65	0.93
	Al-Watani Governmental/Nablus	35	2.96	0.95
	An-Najah National University	49	2.75	0.82
	Al-Shifa Hospital – Gaza	26	2.80	0.81
	Al-RantisiGospital	13	2.76	0.56
	European Gaza hospital (EGH)	21	2.50	0.59
Social relationships	Beit Jala Governmental	17	3.22	0.97
	Augusta Victoria	53	3.12	0.83
	Al-Watani Governmental/Nablus	35	3.20	1.00
	An-Najah National University	49	3.32	0.87
	Al-Shifa Hospital – Gaza	26	3.86	0.75
	Al-RantisiGospital	13	4.16	0.50
	European Gaza hospital (EGH)	21	3.56	0.84
Power of labor	Beit Jala Governmental	17	2.83	0.87
	Augusta Victoria	53	2.81	0.85
	Al-Watani Governmental/Nablus	35	3.20	0.82
	An-Najah National University	49	3.18	0.76
	Al-Shifa Hospital – Gaza	26	3.35	0.87
	Al-RantisiGospital	13	3.48	0.59
	European Gaza hospital (EGH)	21	2.91	0.76
Total degree	Beit Jala Governmental	17	2.79	0.62
	Augusta Victoria	53	2.91	0.55
	Al-Watani Governmental/Nablus	35	3.10	0.60
	An-Najah National University	49	2.99	0.53
	Al-Shifa Hospital – Gaza	26	3.01	0.48
	Al-RantisiGospital	13	3.03	0.35
	European Gaza hospital (EGH)	21	2.75	0.45

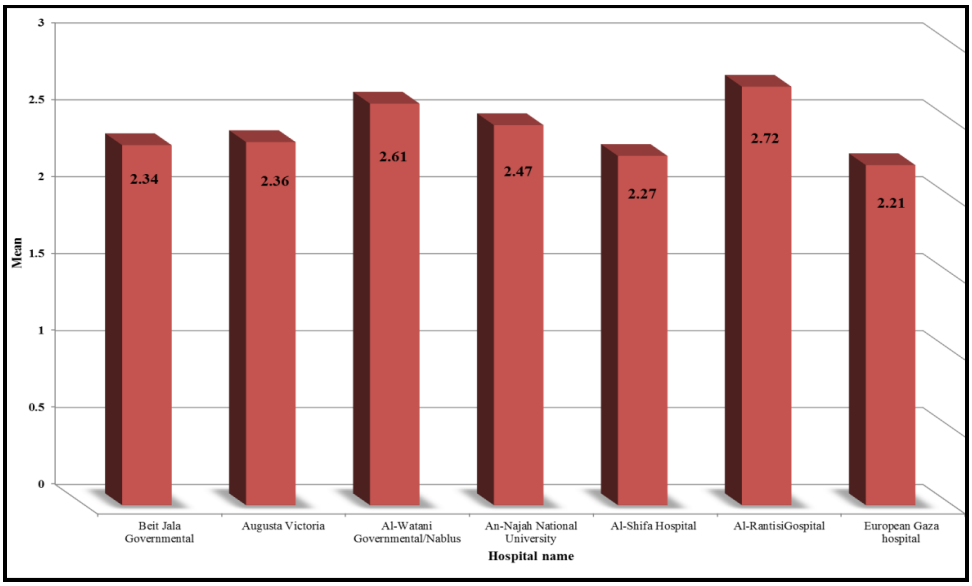

Figure (1): Lack of positive reinforcement

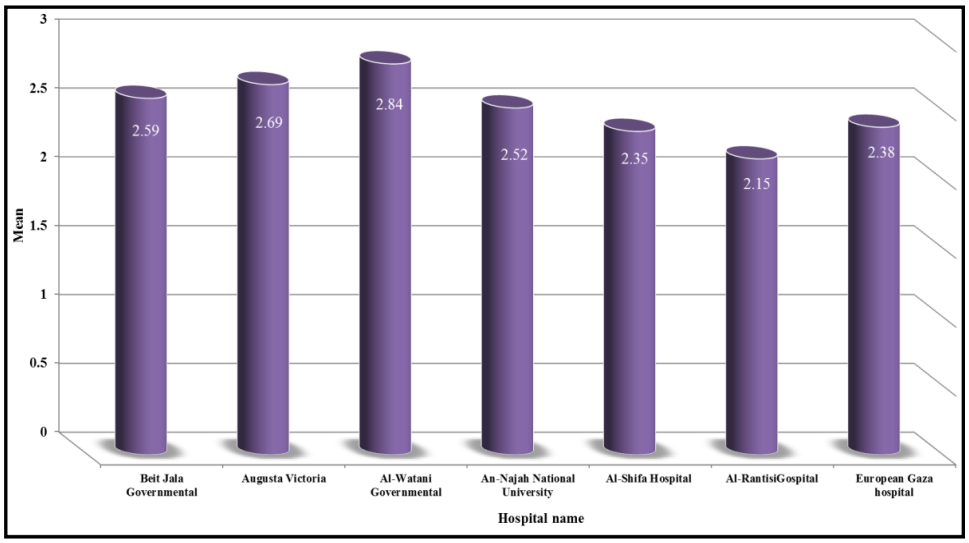

Figure (2): Work pressure

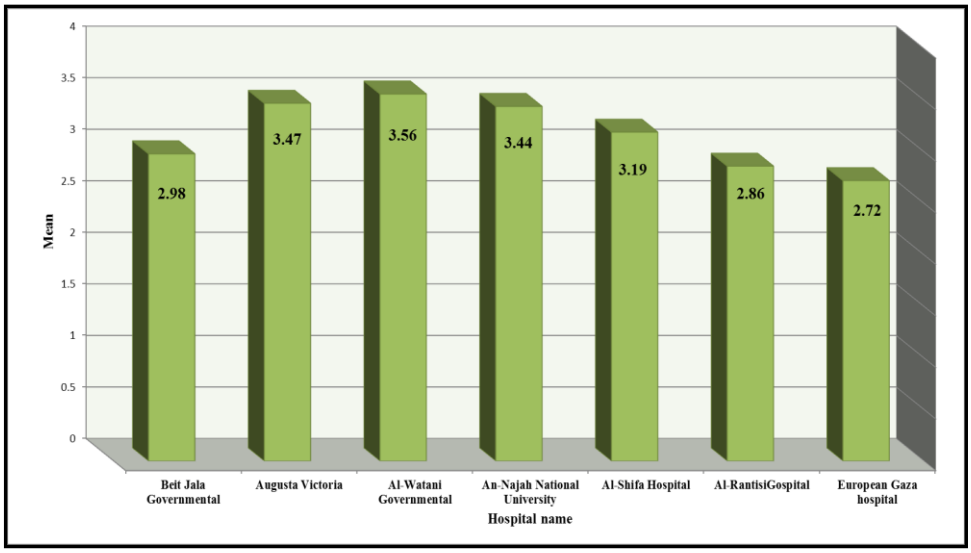

Figure (3): Fairness

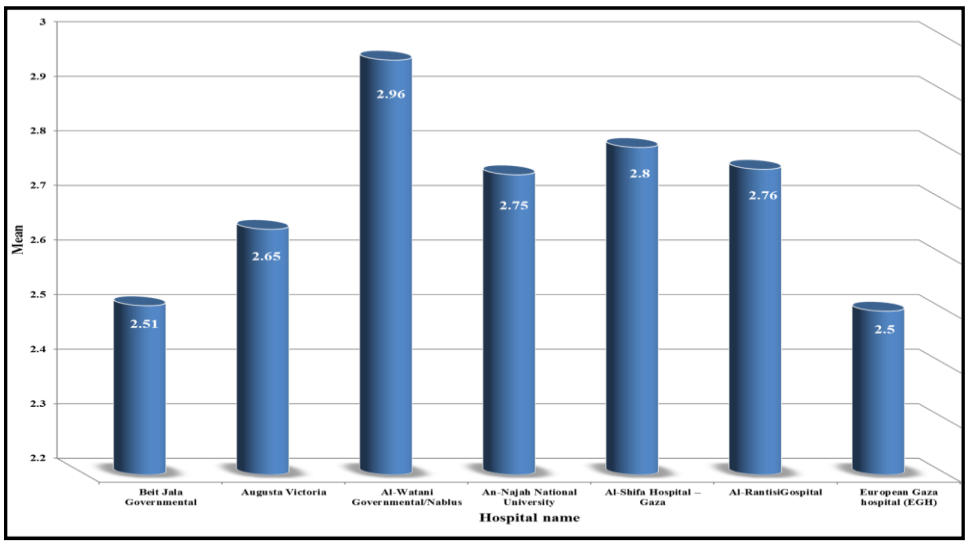

Figure (4): Conflict of values

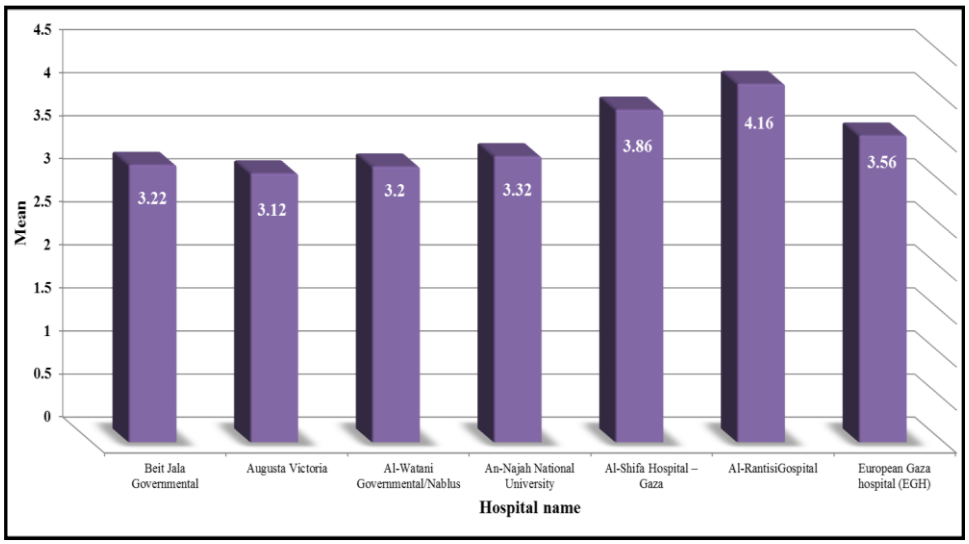

Figure (5): Social relationships

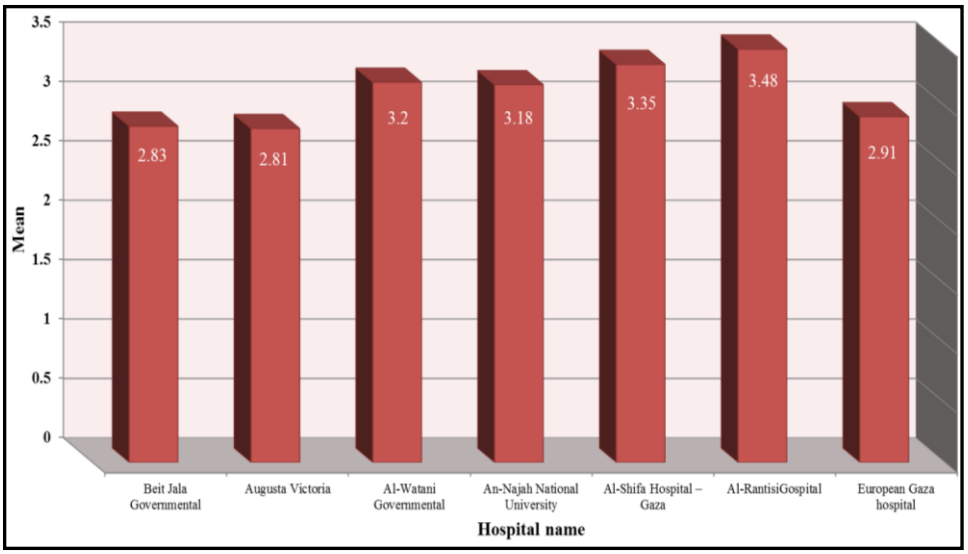

Figure (6): Power of labor

Annex (11) Arabic abstract

ملخص الدراسة

العنوان : "الاحتراق الوظيفي والرغبة في ترك العمل لدى الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في المستشفيات الفلسطينية"

اسم الباحث : بلال عبد الرحمن نمر جوابرة .

اسم المشرف : الدكتورة سلام الخطيب .

الملخص :تهدف هذه الدراسة الى التعرف على ظاهرة الاحتراق الوظيفي بين الممرضين العاملين في أقسام أمراض الدم والأورام غير الحميدة في المستشفيات الفلسطينية . تكونت عينة الدراسة من 214 ممرض وممرضة موزعين على سبعة مستشفيات في الضفة الغربية وقطاع غزة والقدس وقد استخدم الباحث الدراسة الوصفية التحليلية.وبعد جمع البيانات عولجت إحصائياً باستخدام برنامج الرزم الإحصائية للعلوم الاجتماعية (SPSS).

وقد اظهرت الدراسة ابعاد الاحتراق الوظيفي وان بعد الاجهاد العاطفي اعلى نسبة من الوزن النسبي حيث بلغ 69.4% ويليه بعد قلة الانتاج الشخصي حيث بلغت نسبته من الوزن النسبي 53.4 %ومن ثم البعد الاخير وهو تبدد الشخصية (اللانسانية) حيث بلغت نسبته 45 % , حيث يوجد هناك فروقات ذات دلالة احصائية في دراجات المقياس من حيث الجنس والحالة الاجتماعية ومكان العمل (القطاع الحكومي او الخاص).

اما في ما يخص مصادر الاحتراق الوظيفي فقد اظهرت الدراسة ان اهم اسباب ارتفاع ظاهرة الاحتراق الوظيفي هو قلة التعزيز الايجابي ومن ثم ضغط العمل ويليه بعد العدالة،صراع القيم،العلاقات الاجتماعية بين العاملين داخل المستشفى وأخيرا بعد صلاحيات العمل.

وعلى صعيد الرغبة في ترك مكان العمل والانتقال الى قسم اخر فقد اظهرت الدراسة ان ما يقارب نصف المبحوثين لديهم الرغبة في الانتقال الى قسم اخر .

وقد اثبتت الدراسة ان هناك علاقة ما بين الاحتراق الوظيفي والرغبة في ترك مكان العمل ولا توجدعلاقة ذات دلالة احصائية ما بين الرغبة في تلاك العمل والعوامل الديموغرافية .

ويلخص الباحث انه ينبغي على اصحاب القرار ابتداءا من مكان العمل (المستشفيات)الى اصحاب القرار داخل وزارة الصحة تبني برامج ذات ابعاد وقائية وعلاجية للحد من ظاهرة الاحتراق الوظيفي .